

CITY OF



COVENTRY

THE HEALTH SERVICES OF COVENTRY IN 1968

BEING THE

ANNUAL REPORT

BY THE MEDICAL OFFICER OF HEALTH

T. MORRISON CLAYTON

M.D., B.S., B.Hy., D.P.H.



Trainees on trampoline at the Senior Centre, Torrington Avenue.

HEALTH AND WELFARE COMMITTEE

as at 31st December, 1968

Chairman Councillor M. A. Goodwin

Vice-Chairman Councillor E. A. Inott

Councillor K. H. Bassett

Councillor W. S. Brandish

Councillor Mrs. I. Burbidge

Councillor L. Engleman

Councillor E. C. Heath

Councillor T. Knowles

Councillor D. Metcalfe

Councillor B. L. Norman

Councillor A. D. Smith

Councillor Mrs. P. M. Thorley

Councillor K. T. Wardle

Dr. J. Ballantine

Mrs. E. S. Bausor

Mr. J. A. Leaver

Mrs. S. B. Marx, J.P.

Mr. S. Smith

STAFF OF HEALTH DEPARTMENT

Medical Officer of Health, Principal School Medical Officer, Medical Advisor to Children's and Welfare Committee:

T. Morrison Clayton, M.D., B.S., B.Hy., D.P.H.

Deputy Medical Officer of Health, Deputy Principal School Medical Officer:

G. T. Pollock, M.B., Ch.B., D.P.H.

Senior Medical Officer for Maternity and Child Health:

Janet Margaret Done, M.D., B.S., D.P.H., D.R.C.O.G.

Senior School Medical Officer:

M. Margaret R. Gaffney, M.B., B.C.L., B.A.O., D.P.H., D.C.H.

Departmental Medical Officers:

Marion Hommers, M.B., Ch.B. (part-time)

John M. B. Porter, L.R.C.P., L.R.C.S., L.R.F.P.S.

Evelyn M. Wilkins, M.B., Ch.B. (part-time)

Mary D. Daly, M.B., B.S., M.R.C.S., L.R.C.P. (part-time)

Mary Brennan, M.B., Ch.B., D.P.H., D.C.H.

Mary F. Keefe, M.B., Ch.B. (part-time)

Savita Verma, M.B., B.S.

Amy Pochkhanavala, M.B., B.S., D.C.H. (Resigned September 1968)

Mary Lawson, M.B., Ch.B., B.A.O., D.P.H.

Amina Karim, M.B., B.S., D.C.H. (Commenced 1st April, 1968)

Elizabeth A. Galbraith, B.A., M.B., B.Ch., B.A.O., L.M. (Commenced April 1968)

Tejwant Singh, M.B., B.S. (Commenced 8th October, 1968)

Momuddin Subhani, M.B., B.S. (Commenced November 1968)

Health Visiting

Superintendent: Miss K. N. Davies, S.R.N., C.M.B., H.V.Cert.

Deputy Superintendent: Miss K. L. Houlton, S.R.N., S.C.M., H.V.Cert. (Retired August 1968)

Miss A. M. Dalton, S.R.N., S.C.M., Q.N. (Appointed August 1968)

Health Visitors (including part-time)	56
State Registered Nurses (for tuberculosis, clinic and school duties), including part-time	28
Student Health Visitors	4

Midwifery Service:

Non-Medical Supervisor: Mrs. E. E. Woodley, S.R.N., S.C.M.

Deputy Non-Medical Supervisor: Mrs. B. Fell, S.R.N., S.C.M.

Midwives 40

Home Nursing Service:

Superintendent: Miss M. Wilkinson, S.R.N., S.C.M., Q.N., H.V.Cert.	
Assistant Superintendents	3
Home Nurses (including part-time)	55
Nurses Aides	4

Torrington House Hostel:

Warden: Mr. D. Bain	
Matron and Deputy Warden: Mrs. R. Powell	
Assistant Wardens: J. Unwin; G. Williams; A. Halford; M. Kelly (resigned August 1968); M. R. Malpass	
Domestics	11

Torrington House Sheltered Workshop.

Manager: Mr. R. Stanley	
Craft Instructors	6

Torrington House Senior Training Centre:

Supervisor: Mr. W. Lewis	
Senior Assistant Supervisor: Mrs. S. Jones	
Assistant Supervisor and other staff (including domestic) ..	19

Burns Road Junior Training Centre:

Supervisor: Mrs. M. Darnell	
Deputy Supervisor: Mrs. I. Maxwell	
Assistant Supervisors and other staff (including domestic) ..	20

Special Care Unit, Wyken Grange Road:

Supervisor: Mrs. M. Brand	
Other staff, including domestic	9

Broad Park House Junior Training Centre:

Supervisor: Mrs. M. Johnson	
Senior Assistant: Mrs. J. F. Hawkes	
Other staff (including domestic)	15

Broad Park House Short Stay Home:

House Mother: Mrs. H. Rees	
Deputy House Mother: Mrs. M. Langley	
Other staff (including domestic)	5

Ambulance Service:

Chief Ambulance Officer: T. A. Atherton, B.E.M.	
Deputy Chief Ambulance Officer (Admin.): R. J. Norton	
Deputy Chief Ambulance Officer (Control): H. Petheram	
Ambulance Personnel:	96

Health Centre:

Nursing Staff	3
Receptionists	4

Administrative and Clerical:

Principal Administrative Assistant : F. Ellis

Deputy Principal Administrative Assistant : G. Hubbard, A.I.O.M.,
A.R.S.H.

Administrative Assistant, Health Services Division : Miss E. Stephen

Administrative Assistant, Mental Health : Miss B. Sanders, A.I.O.M.

Section Officers:

Finance : Miss D. Hickton

Infectious Diseases, Vaccination and Immunisation :
Mrs. S. Williamson

Salaries, General Office and Enquiries : Miss P. Bates

School Health, Child Health : Mrs. M. Gamble

Typing Pool : Miss M. Goddard

Provision of Nursing Equipment and Welfare Foods :
Miss J. M. McGregor

Clerical Staff	35
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Storekeeper, Cleaners, Clinic Assistants.. .. .	114
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Day Nurseries:

Supervisor : Mrs. M. E. Williams, S.R.N.

Matrons	9
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Deputy Matrons	9
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Wardens	7
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Nursery Nurses/Nursery Assistants	45
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Students	40
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Mental Health:

Principal Mental Health Officer: Mr. E. J. McCoy (resigned
30th April, 1968)

Acting Principal Mental Health: Mrs. J. Gough (appointed 1st
May, 1968)

Area Mental Health Officers	2
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Health Education Officer: Mr. M. S. S. Udoh, N.R.N., S.R.N.,
D.H.E. (London)

Clerk/Projectionist : Mr. A. J. Sephton

Speech Therapy:

Senior Speech Therapist : Miss B. Carr

Speech Therapists :	3
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Occupational Therapy:

Occupational Therapist : Miss P. M. West

GENERAL STATISTICS

1968

Area in acres	..	..	..	..	..	20,165
Population (Census 1961)	..	..	..	..	..	305,060
Population (Estimate 1968)	..	..	..	..	..	335,410
Density of Population (1951) per acre	..	..	..	..	..	13.47
Density of Population (1968) per acre	..	..	..	..	..	16.6
Estimated number of inhabited dwellings (December 1968)	..	..	..	..	..	107,700
Average number of persons to each occupied house	..	..	..	..	..	3.11
Rateable value of City (December 1968)	..	..	..	..	..	£14,262,056
Sum represented by penny rate (estimated) 1968-69	..	..	..	..	..	£57,786

Live Births

	Males	Females	Total
(Legitimate)	2,913	2,941	5,854
(Illegitimate)	335	242	577
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Total	3,248	3,183	6,431 = 19.2 birth rate per 1,000 population

Illegitimate live births = 8.9% of total live births

Stillbirths	47	49	96 = 15.0 per 1,000 births
Deaths	1,646	1,379	3,025 = 9.0 per 1,000 population

Total Maternal Deaths	..	..	..	..	..	..	00.0
Maternity Mortality Rate	..	..	..	..	..	..	00.0
Death rate of infants under one year:							
(a) All infants per 1,000 live births	..	..	..	..	..	..	22.0
(b) Legitimate infants per 1,000 live births	..	..	..	..	..	..	22.7
(c) Illegitimate infants per 1,000 live births	..	..	..	..	..	..	22.5
Neo Natal Mortality Rate (first four weeks)	..	..	..	..	..	..	13.8
Early Neo Natal Mortality Rate (first week)	..	..	..	..	..	..	10.9
Peri-natal Mortality Rate (still births and deaths during first week)	..	..	..	..	..	..	25.0
Marriage Rate	..	..	..	..	..	..	17.5
Death Rate from principal infectious diseases*	..	..	..	..	..	..	0.009
Respiratory Death Rate	..	..	..	..	..	..	1.2
Pulmonary Tuberculosis Death Rate	..	..	..	..	..	..	0.03
Death Rate from other forms of tuberculosis	..	..	..	..	..	..	0.003

*Whooping Cough, Diphtheria, Measles, Acute Poliomyelitis, Meningococcal Infections.

Death Rate from Cancer	..	..	..	..	..	..	1.89
Comparability factor (births)	..	..	..	..	..	..	0.95
Birth Rate, adjusted by factor	..	..	..	..	..	..	18.2

My Lord Mayor, Ladies and Gentlemen,

I have much pleasure in presenting for your consideration my twenty-second Annual Report as Medical Officer of Health for the City of Coventry. As in preceding years, the report will take account of both environmental and personal health factors and indeed in the concept and interests of total health it would be inappropriate not to relate the two. Succeeding comments will also have regard to those aspects of community health which have association with the Local Executive Council's work and its general practitioner and allied services — as also with the appropriate hospitals and their staffs which serve the needs of the Coventry area. In addition, account will be taken of the requirements specified in Circular 1/69 from the Department of Health and Social Security for inclusion in this report.

It is appropriate at this early moment in my report to mention the radical reorientation of municipal committee structure which, having been authorised by the City Council, duly came into effect during 1968. Under the new arrangements the previously distinct Health and Welfare Committees were formed into a single Health and Welfare Committee with the respective Chief Officers each having a direct responsibility to the new Committee for the work of the Health and Welfare Departments respectively.

Firstly then, regard must be had for the vital health statistics of the area and it will be observed that, once again in continuation of the pattern for many preceding years, there was an increase of 1,580 in the City's population from 333,830 in 1967 to 335,410 for 1968 — these figures being the Registrar General's respective mid year estimates. The estimated number of inhabited dwellings at December 1968 was 107,700 (103,600 for 1967) and the density of population per acre was again fractionally higher at 16.6 (16.54 for 1967). The 1968 death rate per 1,000 population was 9.0 as compared with 9.1 for the preceding year.

The 1968 birth rate per 1,000 population was at 19.2, this being rather lower than in 1967 (19.87) but still considerably in excess of the national figure of 16.9.

The infant death rate for 1968 was 22.00 per 1,000 live births and this derived from a total of 141 infant deaths — figures which are almost identical with those for 1967 at 22.1 and 143 respectively.

The peri-natal mortality rate (i.e. stillbirths and deaths during the first week after birth) was at 25.0 and this compares most favourably with 28.6 for 1967.

Turning to infectious diseases, it is perhaps appropriate to comment initially upon the incidence of measles since, departmentally, there has been much interest in the changing pattern of incidence of this disease,

locally, during the past five years. The biennial "swing" from high peak to low trough which was so characteristic of the condition prior to 1964 (and measured in several thousands) has undergone a levelling off process so that during the past five years the differential at the highest and lowest points has been only 887 (i.e. 3,847 in 1965 and 2,960 for 1967) : in 1968 the number notified was 3,342.

It is by no means easy to provide the correct reason for this phenomenon and the situation will continue to be studied closely over succeeding years. It would seem likely that the impact of more massive vaccination of children against measles should have a beneficial influence in curbing the future incidence of the disease throughout the country — that is to say if the experience derived from national trial areas (as indeed from one or two local general practitioner areas) is any guide.

Details of the Coventry boy (page 19) who contracted diphtheria in July 1968 should serve as a serious and practical reminder of the value which, departmentally, we continue to place upon immunisation against this dangerous disease. That one should be reporting in detail upon the "unusual event" of such a case arising in the City is singular enough: since it was only a relatively few years ago when diphtheria was not an infrequent occurrence in Coventry. The position has now swung entirely in the reverse direction so that the non-appearance of the disease in the more latter years of the past two decades — this through mass immunisation techniques — is something which is unfortunately, "taken for granted".

In my 1965 Annual Report, I specifically drew attention to the deaths of two brothers in the Chesterfield Royal Hospital and warned that such an occurrence might not be far removed from Coventry if parents did not take trouble to ensure the protection of their children. It could be considered as most fortunate that the unimmunised Coventry Child mentioned above "merely" contracted a paralysis of the soft palate and did not lose his life. I trust most earnestly that this lesson will serve as a warning and that parents will spare no endeavour to ensure their children's protection. Immunisation is available through local authority child health clinics, as also through all general practitioners in the city and there can be no excuse, in these times, for failure to safeguard the health, indeed the life, of any child in this respect.

The sad circumstances surrounding the death of a young girl from typhoid fever in this city is reported at page 20 herein. This provides a most drastic example of what can accrue as a result of poor personal hygiene — when will these lessons be learned? Moreover, it can but serve to underline, once more, the considerable value to be derived from sound health education, a subject which I will comment upon, yet again, at a later point.

Infective Hepatitis was made locally notifiable in Coventry in January 1963. Although there were 275 cases of infective hepatitis

notified to the health department during 1968 — this being an increase of 67 over the preceding year — it is, nevertheless, extremely doubtful if this number at all represents the true incidence of the disease in this City: most likely not.

Those patients who develop jaundice — a "characteristic" of the condition — can quite readily be recognised and brought to the attention of the M.O.H. by notification. It is thought, however, that those cases without recognisable jaundice outnumber the former by four or five to one. If, then, this factor be taken into account with the knowledge firstly that the incubation period is from two to six weeks after infection, and secondly that the period of greatest infectivity is during, say, the five or six days preceding and up to a week following the onset of symptoms, then the implications regarding notification become more obvious. Moreover, the method of transmission from one person to another is not entirely clear. This virus disease tends to have its maximum incidence during the winter months and in this respect, the method of droplet "respiratory" spread would appear to be most likely (yet the organism does not as yet appear to have been isolated from nasopharyngeal sources). On the other hand, the causative virus has been isolated from faecal and urinary sources so that this is something more definitely established. Altogether, therefore, there is much more to be discovered and established concerning the eccentricities of this disease and the decision of the Department of Health and Social Services to make the condition statutorily notifiable is clearly a wise and progressive decision. A study of national patterns during forthcoming years may help to bring important factors to light which, previously, have not been recognisable.

There was an increase of 81 cases of dysentery locally in 1968, some 704 cases being notified (623 in 1967). This continuance and increase from the preceding year, once again, demonstrates the most irritating "nuisance" created by the disease — even though, fortunately, it is relatively mild in nature. As would be anticipated, dysentery continues to involve the younger categories of children to greatest extent and, having intestinal origin, denotes the difficulty of making health education methods (personal hygiene attitudes) truly effective during this early period of life.

To date, there has been no truly effective "break-through" in so far as protection against whooping cough (pertussis) is concerned. Although laboratory research continues actively, the best that can be achieved (and is advisable) is to continue with the immunisation of child contacts at the earliest possible moment — this because the distressing effects of the disease can be ameliorated for them by so doing.

The incidence of respiratory tuberculosis was lower in 1968 (92) than in 1967 (107) and, other than in the year 1966, when there was an elevated incidence for Coventry, the decline of cases notified has

been consistent and appreciable during the past decade and a half. In 1955 for example, the number of persons notified as suffering from pulmonary tuberculosis was 445 — quite a "far cry" from the current, 1968, situation.

The Public Health (Infectious Diseases) Regulations of 1968 have specified those diseases which are now statutorily notifiable to Medical Officers of Health. The new list (which appears on page 26) was arrived at after detailed consideration by a national working party constituted for the purpose. The older list has been amended by the deletion of certain diseases and the addition of certain others and the current situation is more objective and in keeping with present day needs.

I indicated in a preceding paragraph that I should have more to say about Health Education and I would invite my readers (if they still have copies available) to refer to page 14 of my 1967 Annual Report. I commented *pertinently* therein as to the essential needs for this quickly expanding City so that the population could more readily be made aware of the importance of preventive attitudes in ensuring better health standards. I cannot too strongly and urgently represent the subject and, indeed, the two cases of diphtheria and typhoid commented upon above are, surely, important considerations.

It is of fundamental importance that the forces of Health Education in this City should be so enhanced as consistently, to have impact upon a receptive population. "Receptivity", however, is usually in direct relationship to the degree and quality of education provided and this is no less applicable to health education as such. It is of prime concern that citizens should be made more fully aware of the changing patterns and priorities of disease and environmental circumstance. In more bygone years, acute accent was upon the handicapping and killing infections and, providing the public will have in mind the inherent dangers of such diseases as diphtheria, poliomyelitis and smallpox and will take the protective measures which are freely available, these can readily be kept at bay and under effective control.

But now with the amazing recession of the more blatant infections, greatest attention is being given, inevitably, to the more obscure viral states, to handicapping conditions and to the old (and unfortunately increasing) enemies i.e. cancer and cardiovascular disease. What premium, what degree of urgency will existing local authorities, *or their future counterparts*, place upon Health Education? For my part, I hope such a consideration will evolve into an urgent priority and into effective and practical implementation. It will be through the enhanced impact of future health education approach and techniques that greatest benefit will derive to the population.

We can, for example, take real heed of the *known* facts concerning the provocation of lung cancer through cigarette smoking. Let us

not be lulled by attempting to define degrees of safety with this obnoxious practice — but rather to repulse the enemy by *complete* relinquishment of the habit.

Pertinent account too should be taken of sensible dietaries and regular physical activities so that the increasing tide of cardiovascular disease may be controlled to some considerable extent at least.

I would repeat that health education . . . "is deserving of most intensive support and encouragement which must not be based upon a 'shoestring conception' ". I take opportunity once again to thank most warmly all those of my staff who have in any way during the year made their contribution towards benefitting Coventry citizens by their respective attention to the health education discipline.

This leads me, quite naturally, to the subject of "*Fluoridation*". It is disappointing in the extreme that a measure which, *consistently* has been *proven* (both by meticulously controlled trials in this country and in equally careful trials abroad) as bringing great dental and general health benefits to the populations concerned, should be continually frustrated by one means or another —whether through totally unwarranted discrediting factors or marginal economic considerations. Technically there is *no* difficulty in implementing the measure and, relatively speaking in context with the solid advancement to be achieved, the cost of so doing is minimal. Moreover, in the face of the *true facts* the opponents of fluoridation are retiring more and more from their stand and this is not before time.

The cause of implementing fluoridation was taken up in this City so long ago as 1952; the City Council have twice in 1963 and in 1965 accepted fluoridation in principle *after the most careful and prolonged considerations*. The greatly beneficial results achieved for children in the Birmingham area by implementing fluoridation only five years ago are now blatantly apparent. One hopes most fervently that such benefits will not much longer be deferred for Coventry children also.

Dr. Lanigan O'Keeffe, Consultant Venereologist for Coventry, to whom I am indebted for the information at page 29 herein, has provided statistical information as to the incidence of venereal disease in this City. He draws particular attention to the marked increase in gonorrhoeal infections, the . . . "numbers being the highest ever recorded". It will be noted that the total number (all conditions) of persons attending the hospital Special Clinic for treatment and/or advice was 1,670 and this number represents a considerable increase over the comparative figure for 1967 (1,497) which latter was apparently, even then, the highest figure of attendance ever recorded for the clinic in any one year. Here again correct health education attitudes are of the greatest importance.

Dr. J. E. Whitehead, Director of the Coventry Public Health Laboratory Service, has again provided me with most interesting information

(page 33) and I wish to thank him and his staff most warmly for the extremely important, indeed vital, work they consistently do to help ensure the better health of Coventry citizens throughout any year. Dr. Whitehead, on this occasion, has dealt in some detail with the virology of influenza and draws attention to the amazing impact the condition may have upon essential services through a change in constitution of the particular organism and, thereby, upon its infectivity and virulence.

The "spotting" arrangement which has operated as between certain general practitioners and the laboratory is of great value — not only of course from their respective points of view but for the health department also : this because urgent advisory action for the population at large can be quickly forthcoming when necessary through this "early warning" system.

Because of the detrimental economic situation prevailing, it was not possible to extend the provisions of the Family Planning Act 1967 other than in potential scope — as described on page 38 herein.

With regard to "co-ordination and co-operation of the Health Department Services with the hospital and family doctor services" (vide Ministry of Health Circular 1/69, para 7(a)) I have drawn attention to the sessional attachment of our psychiatric social workers to a number of group practices in this City. This is an arrangement which was pioneered as a pilot experiment for the Tile Hill Health Centre in December 1959. It quickly proved its value and similar arrangements were extended to five other group practices involving some 17 general practitioners in all.

During the latter part of 1968, it was decided to reorganise the duties of the Mental Health Social Workers upon an area basis. For this purpose the City was divided, geographically, into two areas, i.e. (a) the Central, North and North West, (b) the South West. Two Mental Health teams were therefore constituted each in charge of an Area Health Officer respectively. These latter were assigned responsibility for the operational leadership of the Mental Health Social Workers in each area. ly they would ensure allocation of cases to staff and general assistance to them, the Principal Mental Health Officer, also to enhance co-operation and functional links with the appropriate hospitals, with general practitioners and other relevant social agencies in the interests of mentally disordered persons and their families.

By the end of the year the Mental Health Section was attuned to this new arrangement. With the possible availability of increased Mental Health personnel in future years, it may be considered advisable to undertake a further reorganisation into rather smaller areas with teams functioning from appropriate peripheral accommodations.

It is with greatest regret that I have to record in this report the tragically violent death of one of our senior and most esteemed Mental Health Social Workers, Mr. Jack Noble, at the hands of an imbalanced patient in January 1968. Here was a kindly and most experienced Psychiatric Social Worker for whom one would have predicted swift promotion in his chosen work and our Mental Health Service is so much the poorer for his passing. Our thoughts and sympathy are greatly with Mrs. Noble and her two young children.

Attachment of Health Visitors to general practice groups has not as yet taken place: liaisons are however of a high and increasing order. Experimental schemes of attachment are pending for Health Visitors in one or two localities in the city.

There have been no attachments of district nurses to general practices during the year. A trial attachment did take place in 1966 and proved most helpful to all concerned, practitioners, patients and nurses alike. It did prove rather more expensive to operate however and the present economic climate is clearly operating disadvantageously towards achieving a comprehensive scheme of attachments for the time being.

Liaisons with the hospital services in Coventry and with those in the county area which also serve in part the needs of Coventry patients, are of the strongest and continue to progress advantageously. Such arrangements are of added importance with the forthcoming availability of a new General District Hospital at Walsgrave-on-Sowe and every opportunity is taken to enhance mutual co-operative effort.

The pattern for the local Midwifery Service is tending to change radically since the new Walsgrave Maternity Hospital became available in 1966. Around 80% of City deliveries now take place in hospital and this had obvious effect upon domiciliary midwifery practice. This will have still more impact when our midwives, themselves, may come soon to carry out a proportion of deliveries within the new hospital. In the near future they will all be undergoing a three-weekly refresher period in the hospital in order to align with current hospital practice and technique.

I have mentioned in previous Annual Reports the need to provide radio telephones for our domiciliary midwives (as has now been practised and found of inestimable operational value in a few other local authority areas) so that the efficiency of the service can be enhanced for the benefit of expectant and parturient mothers — not least in emergency situations. I trust that opportunities will perhaps at last come advantageously towards achieving this necessary requirement.

In 1968 the Poole Road Day Nursery was accepted by the Central Department for student training purposes. The M.O.H. was given discretionary powers to admit, without charge, up to 12 children into local authority day nursery places — the reasons for this step are indicated at page 40 in this report.

The considerable increase in child minding and play group activities is evidenced by the number of registrations which took place during the year. This in theory is a progressive move and in practice will be excellent as and when Health Departments are made financially able to make appropriate inspectorial appointments for surveillance purposes.

It will be observed (page 49) that the activities of our Health Visitors, on behalf of problem families and other citizens having particular difficulties to resolve, also increased quite considerably in 1968 and denotes the valuable contribution being made towards the re-habilitative process. Similarly too initial help was forthcoming for an increased number of elderly people.

It has become fairly common practice over the years for our Health Visitors to undertake local surveys in various aspects of their work in the interest of both national and local enquiries. This is a valuable contribution towards achieving better knowledge in various facets of health practice and the efforts of the Health Visitors should not go unnoticed.

A depressing factor which comes out of the local 1968 figures relating to home accidents is the sharp increase in children suffering from the effects of poisoning incidents. This is unfortunate in that it denotes carelessness of parents to achieve adequate places of safety for a variety of poisonous commodities, e.g., pills, tablets, medicines, disinfectants.

I take opportunity at this point to express my own and departmental appreciation also to Miss K. L. Houlton who retired in August 1968 after giving most helpful, kindly and quietly efficient service as Deputy Superintendent Health Visitor. We wish her health and every happiness in her retirement.

Likewise to Miss A. J. McKenzie who provided 24 years of devoted service to Coventry citizens as a Senior Health Visitor.

A helpful development took place for the Home Nursing Service during the year with the appointment of 7 Nursing Aides. These appointees, working under supervision, did valuable service by relieving trained nursing staff of certain aspects of work which they were perfectly able to perform, e.g. bathing of patients. They thereby released our nurses to greater extent for assignments needing their professional skills.

Arrangements for District Nurse Training underwent modifications during the year when the Queen's Institute ceased to function as a training body. Appropriate alternative arrangements were put in train in conjunction with certain other Midland local authorities and approved thereafter by the Ministry of Health.

Comments concerning vaccination and immunisation appear at pages 55 to 60 herein and it will be noted because of the introduction of a revised Ministry of Health Schedule, that the number of children being protected by the triple vaccine (Diphtheria/Pertussis/Tetanus) was rather less than in the preceding year — this being also applicable to the number vaccinated against poliomyelitis. There was however an increase in the number vaccinated against smallpox.

Vaccination against measles was introduced during May 1968, firstly for susceptible children between 4-7 years of age. Thereafter when further supplies of vaccine became available in August, protection was made available to those in the other defined childhood periods, i.e. 1-4 years and 7 years and over.

The local arrangements formed part of a National Scheme of protection and were publicised well in advance of our clinic arrangements so as to have maximum impact and attraction. Later the procedure was included into the local authority's existing immunisation computer arrangements so that in future, parents will be reminded as a matter of routine when their children should come forward for protection.

Although the computer arrangements for vaccination and immunisation procedure, which were introduced in 1967, did not for various pertinent reasons progress as far as we could have wished during the current year, there is nevertheless every likelihood that still further advancement will be made during 1969. Clearly this is desirable since the arrangements will be of considerable advantage both to the efforts of the general practitioners and our own medical staff in elevating the percentage of Coventry citizens protected against certain specified infections.

The vaccination centre constituted within the Coventry Health Department in February 1968 for protection against yellow fever has quickly justified its value both for Coventry and to some extent the immediately surrounding areas in that 369 people were vaccinated during the eleven months period. It will be recalled that approach was made to the Ministry of Health so long ago as early 1959 stating a case for such a clinic but necessary authority was not forthcoming until mid 1967. Previous arrangements for Coventry citizens to travel to the nearest centre some 20 miles away in Birmingham were not terribly convenient and the new arrangement is therefore most acceptable and time saving for local residents.

Operational patterns have been changing for the Ambulance Service over the years. Nowadays there is a much heavier traffic in stretcher case assignments to and from the hospitals. Moreover, the demands made upon the service by the Department of Physical Medicine wherein frequent physiotherapy, electrical and general rehabilitative treatments are given, provide the major volume of work for our personnel.

These and other important factors too such as increasing parking congestion in and around precincts of the Coventry and Warwickshire Hospital present difficulties (which granted should tend to recede on completion of major road developments) all of which conspire to make the work of ambulancemen and the important timing factors involved in their work less easy of prompt fulfilment.

Close liaisons are of course maintained as between the hospitals and local authority administrations so that solutions to mutual difficulties can be considered and resolved wherever possible. In the process however such considerations do give added point towards the future desirability of achieving a more unified administration in such important Health Service requirements.

Many people afflicted with a variety of handicaps have been brought to the attention of our Occupational Therapist for rehabilitation purposes and the numbers have been growing year by year. Interest will be found in the more detailed work described in this connection at page 81 and I am indebted to Miss P. M. West for the application she gives to helping handicapped and tuberculosis persons.

At the time of going to Press with this my 1968 Annual Report, it seems apparent that widesweeping and extremely important administrative changes are pending for the country during the next few years. Present forms of Regional and Local Government are entirely within the crucible and new patterns will surely evolve in one form or another.

The future structure of the Health and Social Service too is also under wide and intensive consideration with a view to considerable administrative recommendation.

It was coincidental that the appointment of your present Medical Officer of Health in July 1947 preceded the "appointed day" for the National Health Service Act provisions coming into force (in July 1948) by almost exactly one year. It seems apposite therefore that within the next two or three Annual Health Reports for which I hopefully visualise a continued responsibility to the City Council, that I should remark upon some of the considerable changes which have come about since that time in the several services which come within the purview of the Health Department.

The moment therefore seems propitious for me to undertake a résumé, in Appendix form, of work achievements and, inevitably, to some extent also the disappointments which have presented since mid 1948. Appendices I and II appearing at pages 95 to 114 are of notes which I prepared in August 1969 relating to our Community Services for the Mentally Subnormal and the Mentally Disturbed respectively. It is hoped that the information so provided will be of interest and will serve as a backlog for reference purposes.

The Chief Public Health Inspector has kindly supplied me with his report upon the work of the Inspectorate during 1968 and this is included herein from page 115 et seq. It is clear that the extensive and concentrated efforts of his staff in the many aspects of work concerning matters of environmental health and hygiene were of the same high order as in preceding years.

During 1968 a completely new Committee structure for the Municipal Services was evolved and the responsibility for the work of the Public Health Inspectorate was transferred from the Public Health Committee to that of a new Committee, i.e. The Public Protection Committee. At the same time those responsibilities of the Inspectorate under the Housing Act which previously came under the aegis of the Health Committee were transferred to the control of the Housing Committee. 1968 will therefore be noted as a year of considerable change, which will clearly have impact upon the future patterns of the environmental health services in Coventry.

My thanks are expressed to the City Engineer and to the Water Engineer/Manager for the respective contributions they make to the content of the Report at pages 90 and 91. The former dealt at some length in the 1967 report with the effectiveness of Coventry's drainage system and he now indicates that satisfactory progress continues to be made in the development of main arterial sewers in several locations of the City.

It will be noticed that the number of medical decisions taken by departmental doctors in relation to superannuation requirements had increased from 1,047 in 1967 to 1,147 in 1968 while a variety of other examinations in respect of fitness to drive public service vehicles; Fire Brigade vehicles; special requirements and Food Handler Clearances totalled 1,490 in 1968 as compared with 1,313 for 1967.

I am obliged to the Director of Welfare Services for making available to me information concerning the operational work of the Chiropody Service for elderly people (Coventry Corporation Act, 1958 — Section 72).

[In so far as my comment is required under Circular 1/69 (paragraph 7 (a)) in respect of Circular 11/59 concerning "a review of progress", I am obliged to say that no chiropody provisions for the physically handicapped or for expectant mothers have as yet been authorised by the Local Authority.]

The Director has also reported (pages 82 to 87) upon the work of the Home Help Service (Section 29 — N.H.S. Act) and on the "Mobile Meals Service" (Section 28 — N.H.S. Act.)

The City Analyst and his staff undertake the analyses of various samples of commodities sent to him from my Department from time to time and I take opportunity to thank him for his helpfulness during the year.

To all other Municipal Chief Officer colleagues and their respective staffs who have in any way assisted me and my staff during 1968 I wish to express my appreciation. Likewise to consultant, general practitioner, nursing and other auxiliary colleagues who have aided us in the fulfilment of our work throughout the year I gladly thank them most warmly for their assistance. To Mr. J. Leaver, Clerk to the Coventry Executive Council, and to Mr. C. G. Condon, Secretary Group 8 Hospital Management Committee, and their respective staffs I tender my grateful appreciation for their co-operation and helpfulness throughout the year.

My own staff, whether within the Health Department offices or working from outstations or on the district, in the health interests of the community, have responded magnificently throughout the year and it is a real pleasure for me to express my thanks and deep appreciation for their efforts and to wish them well in their future endeavours.

Finally, on behalf of my staff and on my own account, I take pleasure in thanking the Chairman, Vice-Chairman and members of the Health and Welfare Committee for their interest in the operation of the departmental services and for their helpfulness and support throughout the year.

I am, My Lord Mayor, Ladies and Gentlemen,

Your Obedient Servant,

A handwritten signature in dark ink, reading "The Clayton." The signature is written in a cursive, flowing style with a large initial 'T' and a long, sweeping underline.

MEDICAL OFFICER OF HEALTH

EPIDEMIOLOGY INFECTIOUS DISEASES 1968

Measles

During the year 3,342 cases were notified to the Health Department, a figure approximating very closely to the average for the past five years. This fact, and the continuing absence of the formerly characteristic biennial pattern of "measles years" alternating with "non-measles years", can be seen from the table below.

1961	1962	1963	1964	1965	1966	1967	1968
6789	484	6055	3066	3847	3131	2960	3342

Children in the age group 1-4 years had by far the greatest incidence, although those aged 5-9 years were also significantly affected. All wards of the City were involved, but Henley, Woodlands, Wyken, and Binley and Willenhall had the highest local incidence.

Although the Ministry of Health had predicted an epidemic during the autumn, the condition was widely prevalent in Coventry by early spring (over fifty notifications per week in February and well over one hundred per week by April) so that the measles vaccination campaign, launched in May as soon as the Ministry was able to issue the first supplies of vaccine to Local Authorities, was not nearly as efficacious as it might have been (see under Section 26, page 56 "Vaccination against Measles"). It will be interesting to observe the incidence over the next few years now that (theoretically at least) all susceptibles have been vaccinated, and the procedure incorporated into the routine vaccination and immunisation schedule for infants.

Pertussis

The incidence of pertussis during the year was rather similar to that of the past five years (excluding 1965, when it was significantly less) as is seen in the table below.

1961	1962	1963	1964	1965	1966	1967	1968
157	40	956	226	115	214	258	204

The incidence had, in fact, been declining markedly until 1963 in which year a steep rise in notifications was observed throughout the country. Since that year the position has been fairly stable, but one of the perplexing features has been the apparent failure of immunisation to offer complete protection. It was primarily for this reason that the Central Public Health Laboratory in London initiated in 1966 a research project, in which Coventry Health Department participated, to elucidate some of the apparently anomalous features of the epidemiology of this condition; although it was expected that the results of this project would be published in 1968, it now appears that the considerable amount of work involved in the statistical assessment of the results is likely to delay publication for a further year.

Scarlet Fever

A further decline in the notification of scarlet fever was observed during the year; 100 cases, compared with 130 during the previous year, 166 during 1966 and 217 in 1965. No significant localised outbreaks occurred, the cases being fairly well scattered throughout the City.

Diphtheria

At the end of July an 11 year-old unimmunised boy developed a sore throat and was seen by his family doctor who, fortunately, took a throat swab for bacteriological examination. The Laboratory result showed the presence of diphtheria organisms of the mitis type and so the boy was immediately admitted to Whitley Hospital and swabs taken from the other members of the household. The guinea-pig test showed that the organism was toxogenic.

On the day after the patient had been admitted to hospital, early readings of the cultures from the throat swabs from his two brothers, and subsequently his father, showed growth suggestive of diphtheria organisms and accordingly these three members of the family were also admitted to hospital, although it was not possible on clinical grounds to determine whether they were suffering from mild diphtheria or were merely carriers; the two brothers had been immunised in infancy and it was expected that the father had had pre-existing immunity from natural infection in childhood, and so it was considered inadvisable to give them antitoxin, prior to their admission to hospital.

Subsequently the same organism was cultured from a repeat nose swab from the patient's mother and she also was admitted to hospital.

Swabbing of all other contacts during the relevant period provided negative results and the outbreak was thus considered to be a self-contained one within the family. Despite diligent contact tracing and swabbing it was not possible to find the person (presumably a carrier) who introduced the infection into the family in the first place; similarly one could not decide whether the mother of the patient was herself a carrier or, more probably, had been infected by her husband or one of the three boys.

All the cases admitted to hospital received intensive treatment, both for therapeutic reasons and to render them non-infectious, but the original patient developed paralysis of the soft palate as a complication and was quite ill for a period.

This episode illustrates only too clearly that diphtheria, a serious and often a killer disease, can be kept at bay only by the routine active immunisation of children in infancy, a point which I have stated repeatedly in my Annual Reports.

Dysentery

It is disappointing once more to have to report an increase in the prevalence of Sonne dysentery throughout the year, 704 cases compared with 623 during the previous year.

All parts of the City were affected but Henley, and Binley and Willenhall wards had a particularly high incidence. The peak incidence during the year was the period February to April and, as is customary, children under nine years of age were those most affected.

There were no major localised outbreaks during the year and it must be admitted that the apparently high incidence of the disease may be due, at least in part, to the Coventry Health Department's policy of actively encouraging general practitioners to notify the condition by telephone so that any suspected case can be investigated immediately, including laboratory investigation of household contacts.

In this country the condition is spread mainly by close person to person contact, especially among young children, and so one case occurring at a day nursery or infants school is usually followed by several others within a very short period. Strict attention to personal hygiene is of obvious importance in limiting the spread but the main difficulty in prevention is that of avoiding the introduction of infection into a susceptible group. Fortunately few, if any, are seriously ill with the condition but it has considerable nuisance value to children, their parents and the Local Authority staff.

Typhoid Fever

One Sunday morning in February, a telephone call was received from the Director of Coventry Public Health Laboratory to the effect that he had cultured typhoid organisms from the spleen of a four year-old West Indian girl who had died in Whitley Hospital four days previously.

The home address of the child was immediately visited so that an epidemiological investigation could be initiated. It appeared that the girl had become ill with fever and restlessness but no other specific symptoms and when she was seen by her family doctor it appeared that the most likely diagnosis was tonsillitis. When, after treatment, she did not make the expected improvement she was admitted to Whitley Hospital for investigation but died suddenly and quite unexpectedly two hours after admission. The cause of death appeared to be encephalitis and it was only following the bacteriological investigations that the true diagnosis was shown to be typhoid septicaemia.

The girl had been born in this country and had never left Coventry. Similarly her parents had been in England for seven years and there was no past history of typhoid fever in any member of the family. Enquiries revealed, however, that the girl and her brother had been minded by a neighbour, a 78 year-old lady who had come to England less than a year previously. This lady was also immediately visited but gave no history of typhoid either personally or in her family.

All the residents at these two addresses were placed under careful surveillance and arrangements made to submit faecal specimens to the Laboratory on the following day. The Laboratory results subsequently showed that the child minder was a typhoid carrier and that the organism was of the same phage type (45) as that which had caused the child's illness. The specimens from all other contacts yielded negative results.

The carrier was admitted to Whitley Hospital for three months intensive treatment but, unfortunately, she was still excreting the organism on discharge and so detailed instructions were given to the household regarding all possible hygiene precautions to be taken.

When the diagnosis was first known all general practitioners in the City were notified but, fortunately, no further cases occurred.

Food Poisoning

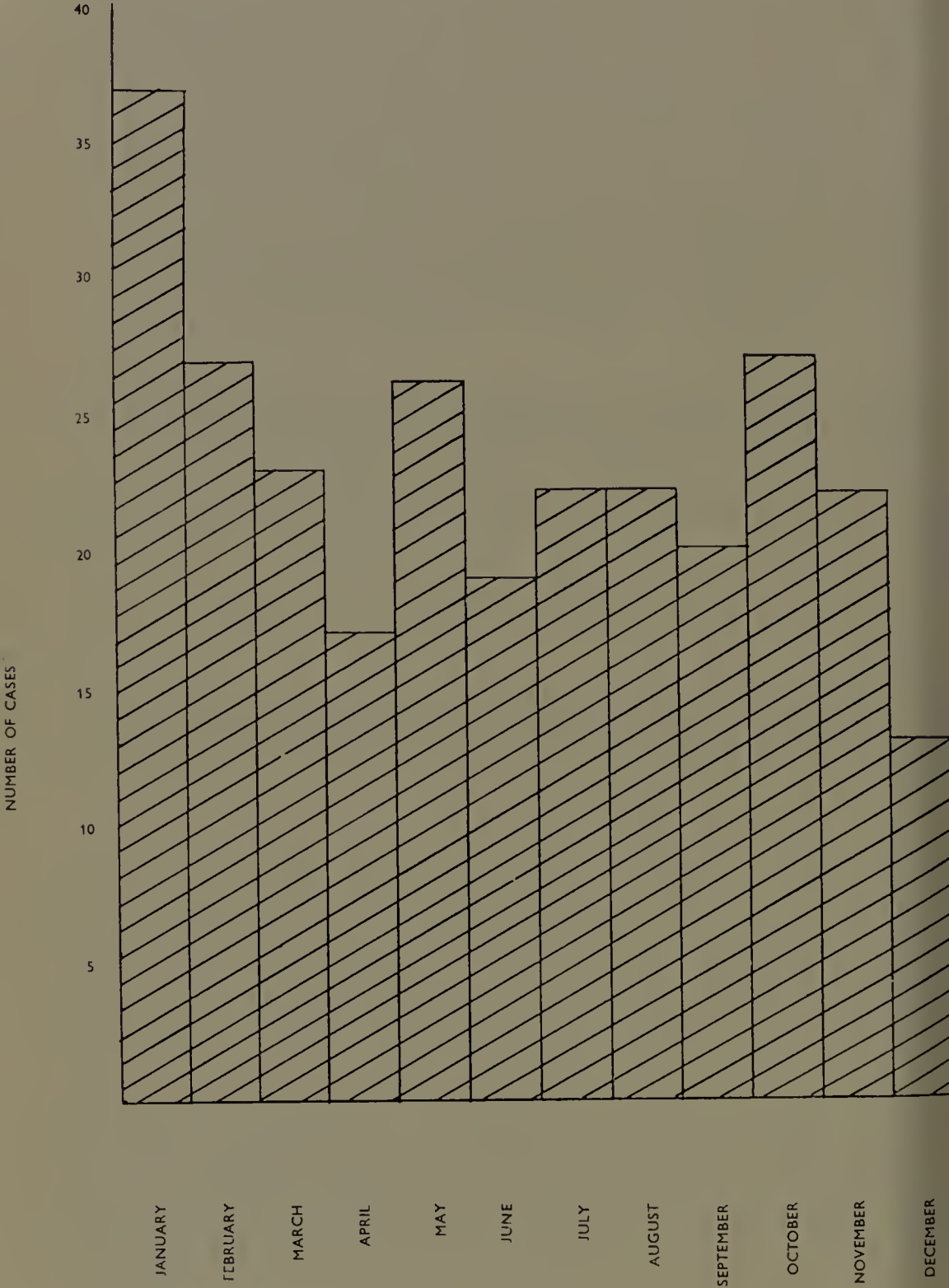
During the year 35 cases of food poisoning were notified to the Health Department. Nine persons were involved in three separate family outbreaks and the remaining twenty-six occurred as sporadic cases.

Sal. Typhimurium was responsible for all three family outbreaks and for five of the sporadic cases. The remainder were caused by salmonellae as shown below:—

Sal. Bredeney 2; Sal. Dublin 2; Sal. Enteritidis 3; Sal. Indiana 3; Sal. Infantis 1; Sal. Manhattan 1; Sal. Montevideo 1; Sal. Newport 1; Sal. Orianenberg 1; Sal. Panama 1; Sal. Reading 1; Sal. Senftenberg 1; Sal. Stanley 3.

In no instance was the responsible organism isolated from any food stuff and so it was unfortunately impossible to pinpoint any particular source of infection.

**MONTHLY INCIDENCE OF INFECTIVE HEPATITIS FOR THE
PERIOD 1st JANUARY 1968 — 31st DECEMBER 1968**



Infective Hepatitis

The notifications of infective hepatitis during the year showed that the increase in incidence between 1966 and 1967 was being maintained for a further year, as is shown below:—

1963	1964	1965	1966	1967	1968
261	216	200	115	208	275

Cases occurred in all wards of the City (with the exception of Foleshill), but by far the heaviest concentration of cases was found in Henley, and Binley and Willenhall wards. The prevalence was rather higher during the early part of the year as can be seen from the histogram below:—

Children of school age had the highest incidence, especially those in primary schools, although there were no clearly defined school outbreaks.

Of the total number of cases notified, 112 (41%) gave a definite history of contact with a known case and the great majority of these were other members of the patient's family. It is, in fact, rather surprising to obtain such a high proportion even by careful questioning as it is known that, in any community experiencing an outbreak of infective hepatitis, there are many more symptomless excretors of the virus than there are clinically recognisable cases.

Only 30 cases (11%) gave a history of vaccination or immunisation, any treatment involving injection, or other transfusion of blood or serum during the six months period prior to the illness. It is unlikely that even this relatively small percentage could be regarded as cases of serum hepatitis as many were probably cases of infective hepatitis who simply happened to have the injection or similar procedure carried out during the preceding six months.

During the year the Public Health (Infective Jaundice) Regulations, 1968 came into force with the effect that "infective jaundice" became generally notifiable in England and Wales. (The condition had been locally notifiable in certain areas of the country for some years, in Coventry from 1st January, 1963). The Chief Medical Officer of the Ministry of Health indicated that the purpose of introducing these Regulations was to enable Medical Officers of Health to become more fully aware of the incidence of "infective jaundice" in their districts; the majority of cases notified under the new Regulations were likely to be due to infective hepatitis and the principal object of making the condition generally notifiable was to enable Medical Officers of Health to enquire into the epidemiological background of the disease in their areas.

The original purpose of requiring any infectious disease to be notified to the Medical Officer of Health was, of course, so that the latter could investigate outbreaks with a view to safeguarding the public health by controlling the spread of infection. In the case of infectious hepatitis such control measures are not easy to implement, but a certain amount can be achieved by the exclusion of cases from school (and of cases and contacts from food-handling employment) and by scrupulous attention to personal hygiene. One very real difficulty is the fact that cases may be actively infectious for up to a week or ten days before they themselves are recognised as being ill, e.g. by the appearance of jaundice. However, a pharmaceutical company has recently marketed a product icotest which can be used in certain circumstances to detect infected individuals before they suffer from any symptoms. Theoretically this should allow potential cases to be isolated at a very early stage of their period of infectivity, and it will be interesting to observe locally whether the adoption of this procedure leads to any significant reduction in the secondary spread of the disease, e.g. in schools or other groups of susceptible children.

Tuberculosis

It is gratifying to be able to report a continuing decline in the incidence of pulmonary tuberculosis. The number of new cases notified during the year,

ninety-two, was the lowest ever recorded in the City. The table below shows that, during the past nine years, the incidence of new cases of the disease has fallen by approximately 50%.

1960	1961	1962	1963	1964	1965	1966	1967	1968
178	147	135	145	112	109	132	107	92

Of the new notifications, males outnumbered females by nearly two to one (a familiar pattern of recent years) and the great majority were adults in the relatively wide age range of 25-65. However, fourteen of these cases were children under the age of fifteen years; five of these were children of Commonwealth immigrant families and, of the remainder, five cases were the children of two families. Of the total notifications during the year, twenty-seven (29%) cases were Commonwealth immigrants (Indians and Pakistanis).

In contrast to the above, non-pulmonary tuberculosis has maintained a fairly steady incidence in recent years, though of course at a comparatively low level. It is interesting to note however that, of the thirty-two cases of non-pulmonary tuberculosis notified during the year, twenty involved lymphatic glands, six the renal tract, three the spine and three the genital tract: in other words, if one regards the lymphatic glands of the neck as being closely related to the respiratory tract, only the remaining twelve cases could truly be described as "non-respiratory" tuberculosis. It is, in fact, useful to consider lymphatic gland involvement separately from other forms of non-pulmonary tuberculosis as the former is likely to have a relatively short incubation period and affect younger persons, whereas the latter may well represent the reactivation of an infection acquired, perhaps unknowingly, very much earlier in life.

THE PUBLIC HEALTH (INFECTIOUS DISEASES) REGULATIONS, 1968

These Regulations were made under the Health Services and Public Health Act, 1968 and came into operation on 1st October, 1968. The Regulations revised the statutory procedures in relation to notifiable diseases and, amongst other things, prescribed the duties of a Medical Officer of Health in respect of notifications and to returns and reports of disease, superseding certain provisions in the Public Health Officers Regulations, 1959. Perhaps the most significant change brought about by the Regulations is the modified list of infectious diseases which are statutorily notifiable to the Medical Officer of Health. The diseases for which provision is made by these Regulations are:—

Acute encephalitis	Malaria
Acute meningitis	Measles
Acute poliomyelitis	Ophthalmia neonatorum
Amoebic dysentery	Paratyphoid fever
Anthrax	Scarlet fever
Bacillary dysentery	Tetanus
Diphtheria	Tuberculosis
Infective jaundice	Typhoid fever
Leprosy	Whooping cough
Leptospirosis	Yellow fever

Leptospirosis is now notifiable throughout England and Wales, and tetanus and yellow fever notifiable for the first time in this country. Acute primary pneumonia, acute influenzal pneumonia, puerperal pyrexia, membranous croup and erysipelas, hitherto notifiable, are not included in the revised list.

The Modern "Epidemics"

In recent years it has become clear that the epidemiological techniques which have traditionally been used for the control of infectious diseases in the community are, in many respects, equally applicable to the problems of assessment, prevention and control of the chronic degenerative diseases.

Fundamentally the problem is one of determining the patterns of incidence of diseases in the population and the epidemiological approach is one of relentless questioning — What sort of people tend to be affected by the disease? Young or old, male or female, executive or manual worker? Where does the disease tend to be found? In the city or the rural areas, in the industrial quarters or the residential suburbs? When does the disease occur? Summer or winter, in lean years or times of affluence? These relatively crude questions must be followed by much finer enquiries, e.g. whether smokers are affected in a significantly different way from non-smokers, whether the

obese appear to be more at risk than the slim, etc. Lastly, when the answers to these questions have been found it may be possible to provide tentative answers to the questions "Why does the disease occur?" and "What can be done to prevent or control it?"

Ischaemic Heart Disease

The incidence of this disease, perhaps better known as coronary thrombosis, has been rising rapidly in recent years, not only nationally but throughout the Western World, and the following table clearly illustrates this trend as it affects the City of Coventry.

**Coventry County Borough —
Deaths from Ischaemic Heart Disease, 1959 to 1968**

<i>Year</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Death rate per 100,000</i>
1959 (popn. 285,700)	326	146	472	158
1960 (" 291,000)	330	158	488	164
1961 (" 305,780)	351	187	538	176
1962 (" 310,640)	381	222	603	194
1963 (" 313,900)	425	230	655	209
1964 (" 315,670)	364	234	598	189
1965 (" 327,120)	441	269	710	217
1966 (" 331,950)	450	262	712	214
1967 (" 333,830)	463	282	745	223
1968 (" 335,410)	486	322	808	241

This table shows an apparent increase of fifty-two per cent in the incidence of this disease during a decade. Part of this increase may be explained by the fact that doctors are tending to recognise the presence of this condition more frequently, and it may also be true that the slight change in age structure of the population during the relevant period is responsible for a small proportion of the apparent increase. However, the trend is so striking that one cannot be left in any doubt concerning the significance of this modern "epidemic" and one must bear in mind that these are mortality figures and that this disease may strike in the prime of life, at a time when family responsibilities are high and occupational productivity is probably at its peak.

A great deal of epidemiological research is at present going on in developed countries in an attempt to unravel the tangle of factors which may predispose to the development of this disease. Many of the responsible factors are being identified and it is considered that many more will come to light in the near future. Some of the causes may well be found to be unavoidable (such as

hereditary factors), but others could be said to be well within the range of the personal choice of the individual in that they concern habits involved in day-to-day living. There is good evidence, for example, that the obese are considerably more at risk than the lean, that over-consumption of foods rich in animal fat and carbohydrate plays a part, that cigarette smoking increases the risk very considerably and that regular physical exercise has a protective value.

Authorities vary, at present, on the question of how much advice ought to be given to the public pending the results of more conclusive research and it is of interest that the Cardiovascular Disease Division of the World Health Organization recently commented that "preventive trials should precede recommendations for major alterations in daily habits or other ways of living of the populations". In spite of this, it would seem reasonable that, on the strength of existing evidence, society should be made aware of the hazards of over-eating and smoking, and of the considerable protective value of regular physical exercise.

Lung Cancer

This condition continues to present as the second most important of the new "epidemics" of the second half of this century. In Coventry, 157 persons died from the disease (nearly four times as many as were killed in motor vehicle accidents). The 1968 figure represents a death rate from this condition of 46.8/100,000 population; this has grown from a figure of 37.8/100,000 population during a decade.

In contrast to ischaemic heart disease, lung cancer is a condition for which the epidemiological investigation is almost complete. Smoking, especially cigarette smoking, has emerged as the most significant factor favouring its development and this evidence repeatedly comes to light no matter where the investigation is carried out, whether in cities or rural districts, whether in this country or abroad. Cigarette smoking continues, however, to be an accepted feature of our society (although the evidence shows that only a diminishing proportion of doctors continue to smoke cigarettes — they have heeded the warning). It is obvious that vigorous health education will have to continue if any real impact is to be made on the course of this particular "epidemic".

VENEREAL DISEASES

Dr. F. M. Lanigan O'Keefe has supplied me with the following data :

During 1968 the total number of cases who attended the Special Clinic was 1,670 — 1,182 Males and 488 Females. 1,365 were residents of Coventry, 250 were County residents and 55 were residents in other counties.

The incidence of infectious Syphilis involved eight cases, seven Males and one Female which was an increase of three on the previous year. Of the seven Males two were infected locally. The Female patient was also infected locally and attended the Clinic as a result of a Contact Slip.

The incidence of acquired Late or Latent Syphilis involved three Males and four Females constituting three Cardio-Vascular involvement, two Neurological and two Latent. There was one case of Congenital Syphilis involving a Male over the age of 15. The overall incidence, therefore, was 16 cases compared to 21 in the previous year.

The number of cases of Gonorrhoea showed a marked increase, numbers being the highest ever recorded. Post Pubertal infections concerned 297 Males of which 201 were infected locally, 86 elsewhere in Great Britain and ten abroad. The nationalities of these cases were as follows :

U.K., 161 ; Irish, 34 ; Asian, 31 ; West Indian, 63 ; and other European, eight. In the age group 13-19 years these involved 22 cases. Re-infection rate of Males was 61 cases. The number of Female cases of Gonorrhoea, Post Pubertal, involved 122 cases of which 98 were infected locally and 24 elsewhere in Great Britain. The nationalities of these cases were as follows :

U.K., 105 ; Irish, 9 ; Asian, 1 ; West Indian, 7. The number of Females in the age group 13-19 years was 40, and the Female re-infection rate was 20 cases. There was also one case of Gonococcal Vulvo Vaginitis.

Contact slips were issued to 206 Males and 39 Females as a result of which seven Males attended and 84 Females, who subsequently were found to be suffering from a Gonococcal infection.

The increase of Non-Gonococcal Urethritis concerned 241 Male cases. In addition there were two cases of Reiters disease and 58 cases of Trichomoniasis — all Male. The number of cases in relation to Trichomonas Infestation in Females was 131.

The number of cases of Yaws and Lympho-Granuloma Venereum was eight and two respectively.

Other conditions requiring treatment involved some 244 Male cases and 131 Female cases, whilst the number of cases that did not require treatment was 325 Males and 92 Females, of which some 58 Males and 13 Females had not been exposed to infection.

In conclusion, of the 1,670 cases, 538 had attended the Clinic on some previous occasion. In addition there was also an encouraging increase in the number of patients referred by their General Practitioner whose co-operation is always appreciated.

TUBERCULOSIS

Live register of Tuberculosis Patients

	Pulmonary Cases			Non Pulmonary Cases			Total Cases (All forms)		
	M	F	Total	M	F	Total	M	F	Total
1. No on Register at 1.1.68	1,044	610	1,654	149	150	299	1,193	760	1,953
2. Cases notified (or otherwise coming to knowledge in 1968)	63	37	100	14	18	32	77	55	132
3. Cases restored to Register	6	1	7	1	1	2	7	2	9
4. Cases removed from Register 1968	132	68	200	11	19	30	143	87	230
5. No. on Register at 31.12.68	981	580	1,561	153	150	303	1,134	730	1,864

Population

The Registrar General's estimate of the population for mid 1968 was 335,410, a 1,580 increase.

Birth Rate

The number of births registered in Coventry during the year numbered 6,431 giving a birth rate of 19·2, a slight decrease compared with 19·33 in 1967, but still in excess of the National figure of 16·9 per 1,000 population.

General Death Rate

The number of deaths recorded as being assigned to the City during the year was 3,025 which gives a crude death rate of 9·0 per 1,000 population.

Infant Mortality

The number of deaths recorded of infants under one year was 141, giving an infant mortality rate of 22·0. The infant mortality rate for England and Wales was 18·0 per 1,000 births.

Neo-natal Mortality

The number of deaths of infants under four weeks of age was 89, giving a neo-mortality rate of 13·8. The comparable rate for 1967 was 13·02 per 1,000 live births.

Marriage Rate

The number of marriages solemnised in the City during the year was 2,950 giving a rate of 17·5 per 1,000 population.

Maternal Mortality

No maternal deaths were recorded in the City during 1968.

RESULTS OF CHEST RADIOGRAPHY SURVEYS IN COVENTRY, 1968

Group	Numbers Examined	Tuberculous Conditions			Non-Tuberculous Conditions	
		Active Tuberculosis	Prevalence of Active T.B. per 1,000	Tuberculosis requiring Clinic Supervision	Referred to Clinic	Others
Industrial	5,051	2	0.4	2	20	36
Positive Heaf School Children ..	1,488	1	0.7	1	1	1
Positive Heaf School Staff ..	132	—	—	—	—	—
Coventry College of Education ..	311	—	—	—	—	1
Lanchester College Students ..	288	—	—	—	—	1
Lanchester College Staff ..	175	—	—	—	—	3
Coventry Corporation Employees..	146	—	—	—	—	2
Old Peoples Homes ..	113	—	—	—	—	6
Salvation Army Hostel ..	88	1	11.4	1	—	1
Warwick University Students ..	334	—	—	—	1	—
Warwick University Staff ..	35	—	—	—	—	—
TOTAL	8,161	4	0.5	4	22	51

I am indebted to Dr. L. A. McDowell, Director of the Birmingham Regional Hospital Boards Mass Radiography Service, for providing the above details.

COVENTRY PUBLIC HEALTH LABORATORY SERVICE

Dr. J. E. Whitehead has kindly supplied me with the following commentary :

Widespread outbreaks of influenza accompanied by a sharp increase in the death rate from pneumonia and other complications, together with the dislocation of essential services through sickness absence, are usually the result of a major change in the constitution of influenza A virus. The last such change took place in 1957 when the A2 virus swept across the world from China and supplanted the A1 viruses previously in circulation. Since then the changes which have occurred in the constitution of influenza A2 viruses have been of a minor character, but as each year has passed the expectation of a major change has grown ; hence the watch which has been kept on the composition of the strains of virus isolated locally. The importance of early recognition of a new variant of influenza A virus lies in its providing a fore-warning of a likely epidemic and in supplying the starting material from which manufacturers may set about preparing vaccines incorporating the new variant, in order to offer a degree of protection to persons most at risk.

For some years the laboratory, in co-operation with two or three general practitioners in the City, has operated an informal "spotting" scheme for this purpose whereby material from a weekly sample of suspected cases of influenza has been examined in the laboratory to identify the prevalent type of virus. In the closing weeks of 1967, as reported last year, influenza A2 viruses were detected and these continued to be found in 1968 until March, and then no more were found for the rest of the year. In August, however, the emergence of a new variant of influenza A2 virus, which had caused outbreaks in Hong Kong and Singapore, was reported from W.H.O. sources. The degree of change in the new virus, although not sufficient for it to be regarded as a completely new sub-type (influenza A3), was nevertheless substantial enough for it to seem likely, on the basis of what was known of the antibody levels in the general population, that a major epidemic might follow its introduction into this country. The Hong Kong variant, as it became known, was first detected in London in September and during the ensuing months was found in a few individual cases and minor outbreaks, mostly in boys residential schools, elsewhere in the country. By the end of the year despite alarmist reports in the mass media, no major outbreak had developed, and no cases of infection had been found in the Coventry area.

The term "influenza", however, is used to cover a wide variety of summer and winter ailments not due to any of the influenza viruses. Convenient as this may be in everyday use, it is nevertheless misleading in the study of how communicable diseases are spread, for true influenza viruses, as the foregoing has shown, behave very differently from the enteroviruses some of which are responsible for illnesses labelled "summer influenza". This year the enteroviruses were represented by Coxsackie B4 virus which, as well as being isolated from a case of "summer influenza" was isolated from a contact in the City of a suspected case of poliomyelitis reported in another locality in

the West Midlands, and from the mother of a newborn child which died in a hospital in Birmingham of a cardiac complication almost certainly due to Cocksackie virus. This case and five other fatalities in which viruses ordinarily of low virulence were implicated illustrate one extreme of the clinical response to virus infection and underline the lack of anti-viral drugs with which to combat the more serious viral infections.

The pattern of miscellaneous virus infections remained much the same as in previous years and reflected the wide spectrum of viral disease seen in a City population of this size. There were again no isolations of poliovirus during the year.

NATIONAL HEALTH SERVICE ACT 1948-1967

The following "diary" is not complete, but it does give some idea of material progress in many Coventry Health Department provisions since 1948.

1948 Preparation of schemes under Section 22 to 29 and also 51 of the National Health Service Act.

Re-organisation of Health Department staff to undertake the above work (as also that under the National Assistance Act).

Direct provision of Home Nursing Service transferred from Voluntary organisation.

City Ambulance Depot transferred from Abbots Lane to premises of Hospital Saturday Fund (Section 27) — temporary, part agency arrangements.

Plans for Junior Occupation Centre sent to Ministry of Health for approval (Section 51).

1949 8, Park Road, approved as Key Training Home for District Nurses (Section. 25) "Meals on Wheels" Service provided by Local Health Authority on 25th July, for up to 100 meals daily (Section 28, National Health Service Act).

Health Visiting Follow-up of Accidents occurring in the Home instituted (Section 24 and 28).

1950 "Contact Clinic" for child contact of tuberculosis persons instituted at Gulson Road Clinic (Section 28).

Extensions to Queen Phillipa Day Nursery — 15 additional places (Section 22).

Opening of Sessional Maternity and Child Welfare Clinic, Whoberley (Section 22).

- 1951 Ambulance Service: Radio-telecommunications Service installed (Section 27).
Building commenced on Monks Park Day Nursery (Section 22).
- 1952 Maternity and Child Welfare Sessional Clinic, Bell Green Community Centre (Section 22).
Opening of Burns Road Occupation Centre (for 60 mentally handicapped) (Section 51).
- 1953 Pilot Scheme commenced in Cheylesmore for initial amalgamation of Maternity and Child Welfare and School Health Medical and Nursery Services (1st January).
Monks Park Day Nursery opened January (Section 22).
- 1954 Extension of "Amalgamation Scheme" (see 1953).
Sessional Maternity and Child Welfare Clinic opened, Windmill Road (Section 22).
Broad Street Joint Maternity and Child Welfare and School Health Clinic in advanced state of building (Section 22).
B.C.G. Vaccination arrangements approved (7th February, 1954) by Ministry of Health (Section 28).
- 1955 Papenham Green Day Nursery opened, April 13th (Section 22).
"Amalgamation Scheme" completed for Medical and Nursing Staff.
Broad Street Joint Maternity and Child Welfare and School Health Clinic opened (Section 22).
Opening of a Sessional Maternity and Child Welfare Clinic at St. Barbara's Church Hall, Earlsdon (Section 22).
Partial decentralisation of Home Helps Service to Bell Green and Holbrooks areas respectively (Section 29).
- 1956 Occupational Therapy Service commenced for domiciliary tuberculosis patients (Section 28).
Tile Hill Joint Maternity and Child Welfare and School Health Clinic opened (Section 28).
Poliomyelitis Immunisation Scheme started in Coventry (Section 26).
Introduction of two weeks Training Course for Trainee Home Helps (Section 29).
Sessional Maternity and Child Welfare Clinic, Willenhall, opened (Section 22).

- 1957 Ad hoc transport provision, Home Nursing Service (Section 25).
 Extension of further decentralisation plans envisaged for Home Helps to Wyken and Tile Hill (Section 29).
 Opening of Yardley Street Occupation Centre (Section 51).
 Anti-Poliomyelitis Immunisation Scheme continued in line with available supplies of vaccine (Section 26).
- Health and Welfare Services Handbook prepared and issued in conjunction with Public Relations Department.
- 1958 General Practitioner Suites opened to complete Tile Hill Health Centre project (Section 21).
 Stoke Aldermoor Maternity and Child Welfare Clinic — building commenced (Section 22).
 Torrington Avenue Adult Training Centre (120 places) — building commenced December.
- 1959 Stoke Aldermoor Maternity and Child Welfare Clinic completed and officially opened on 25th June, 1959 (Section 22).
 New Torrington Avenue Adult Training Centre nearing completion by the turn of the year (Section 28).
 P.S.W. arrangement at Tile Hill Health Centre, December 1959.
- 1960 New Coundon Maternity and Child Welfare Centre opened (Section 22).
 Opening of Coventry (Public Health) Senior Training Centre, Torrington Avenue (Section 28).
 Work commenced on new Maternity and Child Welfare Centre, Bell Green.
 Mental Health proposals approved by Minister of Health (Section 29).
- 1961 New Maternity and Child Welfare Clinic brought into use at Bell Green on 2nd October, 1961 (Section 22).
 Extension to Burns Road Training Centre (20 places), opened 2nd October 1961 (Section 28).
- 1962 Short Stay Home (pilot scheme) opened at Black Watch Road for maximum of three subnormal children (Section 28).
 Negotiations proceeding for opening of interim Special Care Unit (25 places) for severely mentally/physically subnormal children (Section 28).

- 1963 Work began at Torrington Avenue on construction of Adult Hostel (50 places) and Sheltered Workshops (100 places) for Adult subnormals (Section 28).
 Work started on two replacement day nurseries at Bell Green and Tile Hill respectively (Section 22).
 Special Care Unit (25 places) for severely mentally/physically sub-normal children opened at Wyken 8th January (Section 28).
 Psychiatric Social Club opened at Stoke Aldermoor Community Centre.
- 1964 Torrington House Hostels (25 Male; 25 Female places) and Sheltered Workshops (100 places) opened 14th September, 1964 (Section 28).
- 1965 Bell Green and Tile Hill Day Nurseries, respectively, completed and opened.
 Finham and Eastern Green Clinics taken over from Warwickshire County Council.
 Brownshill Green Child Health Clinic opened.
 Atholl Road Child Health Clinic opened.
 New Junior Training Centre/Special Care Unit/Short Stay Home (total 55 places) under construction at Henley Road, Bell Green.
 Psychiatric Social Club commenced at Queen's Road Baptist Church Hall (Section 28); Group Home for Psychiatric Aftercare — this for up to four adult females at Blackwatch Road (Section 28).
- 1966 Cervical Cytology Service instituted at Gulson Road, Tile Hill and Bell Green Family Health Centres.
- 1967 Completion of New Ambulance Station and development of new Telecommunication Equipment (Section 27).
 Windmill Road Day Nursery renovated and reopened 1st April (Section 22).
 New Broad Park House Training Centre/Special Care Unit/Short Stay Home (55 places) completed and opened on 20th June (Section 28).
 Child Health Clinic in New Municipal Multipurpose Building opened at Jubilee Crescent on 8th November (Section 22).
- 1968 Ministry approval granted for the building of new 75 place Junior Training Centre in Aldermans Green Road.
 Family Planning Association Clinic opened at Bell Green Child Health Centre.

MATERNITY AND CHILD WELFARE SERVICES

There was a slight improvement in the staffing situation and the service was maintained, though there was no opportunity for expansion. This was especially disappointing in view of the possibilities for local authorities under the Family Planning Act, 1967. Owing to financial stringency no plans for extension could be made and the three weekly sessions were merely maintained. There has been some extension of the scope of the service and it is now available to any woman on request, but with a waiting list of six to eight weeks it cannot be considered an adequate service. An important improvement is the decision that in cases of social hardship fees can be waived at the discretion of the doctor in charge. Three doctors attended a course in Birmingham to equip them to fit the inter-uterine device. The Family Planning Association was granted the use of Bell Green Clinic free of charge to open an additional session and now has four sessions in three Local Authority clinics.

During the year cervical cytology facilities were offered to all women, but the demand was still disappointingly low. The figures are given elsewhere and it should be noted that even with the small numbers attending there were four positive cases in women under thirty-five years, one of whom was aged twenty-five and another twenty-six years respectively.

The Health Visiting Service is still short of staff, students as they qualify, just about covering wastage. While liaison with general practitioners is becoming closer no formal attachment has yet been made. Plans are in hand for a pilot scheme in one area, but if this is successful it may well not be possible to cover the whole City in a similar way without an increase in staff. The proposed discontinuing of student training in 1969 is disturbing as the effect of this is likely to be apparent in future years by a decline in numbers of health visitors.

The number of births were static, but the proportion of confinements in the Maternity Hospital rose to 79·3%. Most of the mothers were discharged before the tenth day and visited at home by domiciliary midwives. It is satisfactory that the numbers discharged before the fifth day fell by a hundred. Domiciliary midwives who resigned or retired were not replaced, but there is still a need for a substantial force to maintain a satisfactory service for the mothers in close liaison with the Hospital. Integration will be further achieved when the domiciliary midwives actually attend cases in Hospital and plans to this effect are now in hand.

CONGENITAL DEFECTS APPARENT AT BIRTH

This follows very much the same pattern as 1967. With the total births about the same the notifications were 99 as against 94, 15.2 per 1,000 total births compared with 14.4 per 1,000 in 1967. 26 (25) were stillborn or died very early. Of these there were 22 cases of anencephaly, hydrocephaly and/or spina bifida and only six cases of hydrocephaly/spina bifida have survived. As would be expected, seven of the ten cases of multiple handicaps did not survive. There has been an increase in digital deformities, but this may be due to more complete notification. Most of these are quite minor and many can be corrected. Two cases of partial absence of limb will result in permanent handicap. The chief source of under notification in 1968 was severe heart abnormality. In these cases a definite diagnosis cannot be made at birth and the baby is transferred to Birmingham. Some months later a transferred death is registered with the actual abnormality, verified at post mortem. 17 deaths from heart abnormality were registered in cases not notified.

Defects notified in 1968 (1967 in brackets)

Anencephaly	..	..	..	..	..	..	..	6	(9)
Hydrocephaly/spina bifida/meningocele	..	..	..	..	..	..	..	16	(18)
Exomphalos	..	..	..	..	..	..	..	2	(—)
Abnormality of heart	..	..	..	..	..	..	..	2	(1)
Talipes	..	..	..	..	..	..	..	19	(14)
Digital abnormalities	..	..	..	..	..	..	..	17	(12)
Mongolism	..	..	..	..	..	..	..	3	(3)
Defects of sex organs	..	..	..	..	..	..	..	2	(6)
Dislocation of hip	..	..	..	..	..	..	..	5	(4)
Partial absence of limb	..	..	..	..	..	..	..	2	(—)
Other minor defects	..	..	..	..	..	..	..	11	(11)
Other multiple or severe defects	..	..	..	..	..	..	..	10	(7)

DAY NURSERIES AND CHILD-MINDING

Day Nurseries

The only change was the recognition of Poole Road Nursery for training students and two were accepted in September, 1968, making the total of 20 Health Department employees in a class of 31. 29 students, 19 from the Health Department, took the final N.N.E.B. examination in 1968 and of these four (two Health Department students) failed. Eight joined the Day Nursery staff, four obtained posts at the Coventry Residential Nursery and three at the Coventry Maternity Hospital.

An important provision will become fully operative in 1969 whereby the Medical Officer of Health has discretionary powers to admit up to 12 children on a no-charge basis. Comment was made in the Annual Report of 1967 that with the increase in fees certain parents were not prepared to pay the assessed sum for the admission of children whose attendance was recommended on medical or social grounds for the benefit of the child. Some of these children come from poor environments and though the family income may compare favourably with others, the budgeting is poor and the children are in fact deprived financially. With this type of parent they may also be deprived of intellectual stimuli and therefore reach school age retarded. The nursery can be of great benefit to them, though a better provision would probably be an increase in nursery class places. Admission of children with slight handicaps for fuller assessment or for relief of the mother can also be made under this provision, but the number of handicapped children has to be related to the staff available and ratios geared to the care of normal children.

Child Minding and Play Groups

There was an increase in play groups registered to 37 in Church Halls or other large rented premises, involving 1,020 children, and 20 in homes involving 178 children. The number of persons registered as Child Minders rose from 40 to 53 by the end of November, but most groups are small and total involved was 306. Owing to short notice of the considerable changes in the requirements for Child Minding brought about by the Health Services and Public Health Act, 1968, amendments to the Nurseries and Child Minders Regulations Act, 1948, there was a virtual standstill after the 1st November. By the time new procedures, forms and publicity were worked out and in the absence of extra staff to cope with the additional work few actual registrations could be achieved. The indications are that the majority of the applications are from minders who were formerly looking after one or two children and not coming under the provisions of the old legislation. Whether some of these will be deterred by the more stringent requirements remains to be seen, but the indications are that this is a possibility. The procedures are likely to take so long that no woman will be able to oblige her neighbour in an emergency and it seems inevitable that Child Minders will transgress the law out of kindness of heart.

The penalties look severe on paper but the time and expense of getting cases to court will invite authorities to turn a blind eye. To one who complained of the deficiency of the old legislation, the new has proved very disappointing.

DAY NURSERIES

Summary of Attendances

From 1st January—31st December, 1968

Day Nursery	Number of Places	Attendances		Total Attendances
		Age 0-2 years	Age 2-5 years	
Foleshill	70	6,881	7,059	13,940
Stoke Green	55	3,168	6,246	9,414
Queen Phillipa	54	4,586	3,239	7,825
Poole Road	40	2,576	5,532	8,108
Monks Park	50	3,295	5,266	8,561
Tile Hill	50	5,061	5,634	10,650
Pappenham Green	50	3,962	5,360	9,332
Bell Green	50	1,794	7,698	9,495
Windmill Road	40	3,481	2,131	5,612
TOTALS	459	34,762	48,175	82,937

Number of days open 243. Attendance percentage 74·2.

CERVICAL CYTOLOGY

It was possible to meet all demands on the service and in April any restriction on the age of applicants was removed. It is thus even more disappointing that the numbers attending were only 3,361 (3,102 in 1967). 62 doubtful cases were recalled and of these 22 were confirmed as positive (37 in 1967). The lower proportion may be due partly to the fact that younger age-groups were involved, but as can be seen from the table four of these were under 35 years, one being 25 years and one 26 years. It is a pity that women are not more concerned to take advantage of the service for which more vocal members of their sex campaigned so hard.

Ages of positive Cases and Deaths from Female Cancers 1968

	<i>Positive Smear</i>	<i>Deaths from</i>		
		<i>Ca Cervix</i>	<i>Uterus</i>	<i>Breast</i>
Under 35	4	—	—	—
35-39	3	1	—	1
40-44	4	2	1	4
45-49	5	4	—	4
50-54	4	—	2	8
55-59	—	2	1	12
60-64	1	3	4	8
65-70	} Few taken	4	1	7
Over 70		1	2	24
Not stated	1	—	—	—
<hr/>				
TOTAL	22	17	11	68
<hr/>				

Supply of Welfare

National Welfare Foods, dried milk from a selected list and other suitable preparations are stocked at Child Health Clinics, either for sale or, if the need be proved, for free issue.

During the year sales to the value of £33,733.9s.5d. were made at various Centres.

Sale of National Welfare Foods at all Clinics during 1968.

National Dried Milk	..	..	..	..	..	..	76,092
Orange Juice (bottles)	..	..	..	..	..	..	95,794
Vitamin Tablets	..	..	..	..	..	..	5,400
Cod Liver Oil	..	..	..	..	..	..	5,751

Provision of Nursing Equipment

A stock of Maternity Outfits is held in the Health Department to supply the needs of expectant mothers who are to be confined at home. A recommendation signed by the midwife or doctor is required before issue.

A varied stock of sick room appliances, which is added to each year as more appliances come on the market, is held in the Health Department to supply on loan to sick persons being nursed at home.

This most worthwhile service is greatly appreciated, both by the patients and their relatives. Each year the demands on this service expands and during 1968 over 9,000 articles were loaned under this service.

DENTAL DEPARTMENT

MATERNITY AND CHILD WELFARE PATIENTS

Dental patients referred from M. & C.W. clinics continue to be only an extremely small fraction of the total number of patients inspected and treated at our surgeries, and the figure for 1968 shows little change from those of 1967.

The number of fillings carried out was slightly down, but these changes albeit in the right direction, are of little significance.

Useful dental health education was carried out by the Dental Auxiliary and the part-time Dental Hygienist who visited M. & C.W. clinics to give instruction on oral hygiene and diet. The absence of the Dental Hygienist for the latter part of the year reduced the total number of sessions devoted to this aspect of the service, but it was hoped that in due course she would be able to resume this work.

Number of Cases

1968	umber examined	Number who commenced treatment	Number of courses of treatment completed
Children under five years of age not eligible for School Dental Service	721	442	437
Expectant and nursing mothers	65	60	40

Dental Treatment Provided

1968	Scaling and gum treatment	Fillings	Teeth otherwise conserved	Extractions	General anaesthetics	Dentures provided	Radio-graphs
Children under five years of age and not eligible for School Dental Service ..	6	522	73	864	319	—	2
Expectant and nursing mothers	10	140	—	68	4	17	7

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

Arrangements for the provision of accommodation for unmarried expectant mothers and subsequently of mothers and their babies include an agency arrangement with the committee of St. Faiths Shelter, Coventry. During 1968, 90 mothers and 76 babies were accommodated in this shelter and for whose care and maintenance the local Health Authority accepted financial responsibility.

Additionally the Health Committee has accepted financial responsibility for the maintenance of 28 unmarried Coventry mothers and their expected children accepted into establishments away from the City.

	1961	1962	1963	1964	1965	1966	1967	1968
<i>Live Births:</i>								
Legitimate ..	5,889	6,042	6,068	5,877	6,120	6,020	5,869	5,854
Illegitimate ..	380	462	526	485	503	561	586	577
TOTAL	6,269	6,504	6,594	6,362	6,623	6,581	6,455	6,431
% of illegitimate births to total live births	6.06%	7.10%	8.66%	8.25%	7.6%	8.52%	9.07%	9.0%

DOMICILIARY MIDWIFERY SERVICE

The pattern of midwifery in the City is following the national trend : increasing hospital deliveries with early discharges of patients to the care of domiciliary midwives. This works well if the home conditions are satisfactory and domestic help is available, but the many adverse conditions encountered are detrimental to the welfare of both mother and baby in the early post-natal period.

In anticipation of domiciliary midwives practising in the General Practitioner Unit 17 midwives have each spent three weeks at the hospital to orientate them with the equipment in the wards and labour suites up until the end of 1968. Discussions are still in progress regarding the allocation of beds in the General Practitioner Unit to domiciliary midwives. This will ease the training of student midwives to some extent as it is imperative that they be trained in the total care of mother and baby.

During the past year I have endeavoured to give student midwives an insight into community care with the co-operation of Health Visiting, Home Nursing, Mental Health, Home Help Services and Superintendent of St. Faiths Shelter. These visits have been a tremendous benefit and co-operation received has been very gratifying.

Due to economic factors it has not been possible to arrange any inservice training programme but this is offset as Miss N. Hickey, Matron at Walsgrave Maternity Hospital, has extended invitations to her sisters study days.

Midwives still attend General Practitioner Ante-natal Clinics on a sessional basis.

From 1st December, 1968, all patients booked for Walsgrave Hospital are to be visited by a domiciliary midwife to advise them of the facilities available to them, i.e. Parentcraft, Relaxation and Preparation for discharge from hospital.

Staff in post

Two Supervisors ; 40 Midwives.

Staff Changes

One Midwife retired ; one Midwife left to work in Cornwall ; one midwife left for domestic reasons ; four midwives granted maternity leave.

Training

30 students completed Part II training. All students successful.

Post Graduate Courses

One Supervisor and nine Midwives attended.

In conclusion, increasing traffic congestion continues to impede the maximum professional care of mothers and babies. We had hoped to have Radio Telephones which would increase the efficiency of the service.

Summary of Statistics for 1967 and 1968

	1967	1968
Total deliveries	1,927	1,325
Doctor present	353	206
Doctor not present	1,574	1,119
Patients booked for home but transferred to hospital in labour	—	220
Number of visits made by midwives :		
Ante-natal	24,691	18,474
Nursings	36,585	24,975
Special visits (inc. assessments of homes for confinement)	5,224	4,353
Hospital discharge visits	15,455	20,746
Patients discharged from hospital :		
10th-14th day	407	485
5th-9th day	3,366	3,645
1st-4th day	1,557	1,169
Requests for Medical Aid	482	388
Number of time Analgesia used	1,557	1,169
Clinics attended by domiciliary midwives :		
Ante-natal booking clinics at L.A. clinics	976	900
Ante-natal clinics, including G.P. clinics at L.A. clinics and G.P. clinics at their surgeries	886	885
Family Planning sessions	—	16
Mothercraft and Relaxation classes	943	852
Father's classes	12	12

HEALTH VISITORS

Tabulation of Work 1968

Visits

Ante-natal	1,072
Children born 1968	16,406
1967	12,562
1963-66	25,076
Cases of infectious disease	3,375
Special cases and problem families	10,245
Other social workers	8,150
General practitioners	1,573
Home conditions reports (rehousing)	191
Ineffective	13,491
Surveys	100
Health education talks	1,237
Handicapped children	1,413
Persons aged 65 and over	2,657
Mentally disordered persons	225
Discharges from hospital	565
Head teachers	2,601
School children following routine medical inspections and routine hygiene inspections	4,535
Phenylketonuria tests	4,575
First visits to notified pulmonary tuberculosis cases	157
First visits to notified non-pulmonary tuberculosis cases	24
Revisits to tuberculosis cases	2,553
B.C.G. follow up	313

Attendances at clinics and schools

Child health clinics, etc.	8,449
School health service	7,703
Chest clinics	233
B.C.G. clinics	183
Number of V.D. follow-up visits	44

Comparison of the figures on the tabulation of work for 1967/68 reveals certain interesting differences in the current year.

Ante-natal visits have increased slightly and this is encouraging. The health visitor's early contact with the expectant mother enables her to enlighten the mother regarding the services available to her. These home visits also help the mother in the care of her baby, both physically, practically and emotionally. A relationship is also established for further visits by the health visitor.

The number of visits to children in the 0-5 age group has also increased, as has the number of visits to infectious diseases cases.

Visits to special cases and problem families showed a marked increase of 1,400, and contacts with other social workers increased by 2,647. This continued co-operation with other statutory and voluntary services is most encouraging, highlighting the amount of work involved with these families who have special problems.

A survey concerning the smoking habits and the nationality of expectant mothers was requested by the paediatric consultant of the Walsgrave Maternity Hospital, and commenced in October, 1968.

Health education talks show a slight increase of about 50 sessions. These have included courses in schools, girl guides, Duke of Edinburgh award scheme, and preparation for parenthood. Talks are also requested by voluntary organisations, teacher training colleges, church groups, etc.

The visits to persons over 65 years show an increase of about 800. About a quarter of these visits are requested by general practitioners, and lists of elderly patients discharged from hospital are sent by the medical social workers. An initial visit to the home is made by the health visitor, and indications have shown that the follow-up visits made by clinic nurses are appreciated.

Home visits to school children following routine medical and hygiene inspections in the schools are slightly lower.

It is pleasing to note that the visits made to head teachers by health visitors have considerably increased. The close link is helpful in the understanding and welfare of the school child.

Health visitors continue to visit the hospitals, and we are grateful to all concerned and especially to the ward sisters for their help and co-operation. Two regular visits are made to the wards and to the special care unit of the Walsgrave Maternity Hospital each week. The information passed on to individual health visitors is very helpful when a first home visit is made after birth notification. The staff of the Walsgrave Maternity Hospital show an interest in the work of the health visitor, and a health visitor has given talks to them on the follow up care of mothers and babies.

The tuberculosis visitors have maintained their high standard of efficiency in their work. The problems concerned are many, varied and time-consuming. The area health visitors share some of the home visits where there are young children in the family.

HOME ACCIDENTS 1968

				<i>0-5 years</i>	<i>6-49 years</i>	<i>Over 50 years</i>	<i>Total</i>
(1)	Burns and scalds	..	..	82	36	7	125
(2)	Cuts and bruises	..	..	75	23	7	105
(3)	Strains and sprains	..	..	22	17	20	59
(4)	Poisoning	..	..	104	8	—	112
(5)	Head injuries	..	..	94	30	10	134
(6)	Swallowed foreign bodies	..	..	41	18	—	59
(7)	Fractures	..	..	19	13	29	61
(8)	Puncture wounds	..	..	1	6	1	8
(9)	Miscellaneous	..	..	45	6	1	52
				483	157	75	715

Notification of home accidents from the hospital has continued to improve, and we are grateful for this co-operation from the Casualty Department. This helps health visitors to follow up cases and to give preventative advice.

The following points of interest are noted :

- (a) In category (4) there is a sharp rise, over 25 per cent increase in children under five years, the poisons varying from numerous kinds of pills and tablets, or the drinking of household cleaning agents.
- (b) Head injuries have also increased in this age group.
- (c) One child died from swallowing a safety pin.

Even more help and co-operation is needed from everyone to lower these figures, and health visitors endeavour to make people more aware of the situation in the course of their work.

STUDENT TRAINING 1968

During the year student nurses and social workers from a number of colleges, hospitals and training establishments attended the Health Department. The number of students has increased and the sessions have increased considerably, which seems to indicate that their visits are of value and appreciated. The students accompany health visitors for home visits, at clinics and other related instructional sessions.

Students

	<i>No.</i>	<i>Sessions</i>
Nurses in General Training, Coventry School of Nursing	111	222
District Nurses	2	4
Social Workers' Course, Lanchester College	3	60
Student Teachers, Coventry College of Education ..	3	18
Nurses in Psychiatric Training, Central Hospital, Warwick	10	30

STAFF CHANGES

Miss Houlton, Deputy Superintendent Health Visitor, retired, and a retirement dinner was held in St. Mary's Hall when colleagues of many disciplines attended to wish her well.

Miss McKenzie, Centre Superintendent, Broad Street, retired after 24 years' service with this Authority.

Four health visitors moved away with husbands who had transfers of employment elsewhere.

One health visitor married and will be emigrating to Australia.

One health visitor took over an old people's home, and one health visitor doing part-time work left for domestic reasons.

Miss A. Dalton, formerly Centre Superintendent, Tile Hill, was appointed Deputy Superintendent Health Visitor in August.

Two health visitors joined the staff. One health visitor returned to do part-time.

Seven students qualified as health visitors.

Three students commenced the health visitors' course.

Twelve clinic nurses joined the staff replacing :

Ten clinic nurses who left

One school nurse who retired

One school nurse moved with her husband to another area

One school nurse went on to part-time

This appears to be a rapid turnover of staff, and indeed is most unusual in this section, but of the ten clinic nurses who left:

Two went on to do midwifery training

Two to do the health visitor course

Two to marry

One to teacher training

One to district nurse training, and

Two for domestic reasons

COURSES 1968

Fourteen members of staff were again able to attend refresher and special courses. The health visitors are encouraged to know that the Health Committee are willing to make it possible for them to attend. The knowledge gained enables them to keep up to date with contemporary trends and progress in the disciplines they practise.

Two attended a health education course at London University.

Three attended a refresher course at Oxford University.

Two attended a refresher course at Canterbury University.

Three attended the family psychiatry course at Ipswich Institute of Psychiatry.

Four attended the audiology course at the Nose, Throat and Ear Hospital, Grays Inn Road, London.

One health visitor commenced a fieldwork instructors' course at Sheffield Polytechnic.

Miss K. Davies, Superintendent Health Visitor, was given four weeks' leave with pay to attend the Duke of Edinburgh's 3rd Commonwealth Conference held in Australia. 29 countries were represented, 397 members attended.

Miss Davies also took the opportunity to visit India, Australia, New Zealand, Fiji, Buffalo, Bermuda, where she saw the health services; doctors, nurses, health visitors, hospitals and clinics in all these countries.

HOME NURSING SERVICE

ANNUAL REPORT FOR YEAR ENDED 31st DECEMBER, 1968

Number of patients on books, 1st January, 1968	..	..	..	1,360
Number of patients on books, 31st December, 1968	..	..	..	1,393
Number of new patients during year	..	..	..	5,768
Number of patients nursed during year	..	..	..	7,128
Total number of day visits during year	..	..	..	230,134
Total number of night visits during year	..	..	..	4,925
Total number of supervisory visits during year	..	..	..	1,447
New cases were referred by:				
Doctors	..	..	..	3,426
Hospitals	..	..	..	1,806
P.H.D.	..	..	..	536
Results of treatment were as follows:				
Convalescent	..	..	..	2,116
Relieved	..	..	..	2,127
Hospital	..	..	..	934
Died	..	..	..	558
Analysis of types of cases nursed:				
Medical	..	..	..	4,514
Surgical	..	..	..	1,754
Maternal complications	..	..	..	309
Tuberculosis	..	..	..	131
Children under five	..	..	..	420

RECORD OF INJECTIONS GIVEN DURING 1968

Insulin 36,988; Sparine 395; Penicillin 7,850; Adrenalin 366; Streptomycin 4,529; Coliacron 77; Parentrovite 134; Capreomycin 90; Vasolastine 259; Rheumajecta 145; Calcium 17; Morphia 1,884; Cortisone 58; ACTH 6,787; Lasix 239; Primulot Depot 357; Pethidine 1,950; Depo Medrone 260; Myocrisin 49; Autogenous vaccine 35; Neptal 4,802; Mersalyl 1,596; Oestroform 64; Omnopon 187; Omnopon/Scopolamine 224; Jectofer 2,315; Inferon 1,316; Nepenthe 2; Cytamen 6,163; Sodium Phenobarbitone 18; Sodium Gardenal 86; Anahaemin 272; Aminophylline 6; Durabolin 1,026; Vitamin K 49; Testosterone 98; Vitamin B 188; Proladone 395; Laevadosin 157; Vaccine 40; Atropine 24; Progesterone 1; Largactil 866; Fortral 12; Viomycin 126; Stematil 195; Anti Catarrhal vaccine 6; Desferal 30; Lincocin 59; Moditen 24; Pethilorfan 144; Masteril 103; Hyoscine 14; Calciferol 7; Disecron 4; Amphycillin 24; Thean 10; Calcium Sandoz 9; Benerva 21; Lincomycin 60; Heroin 10; Influenza vaccine 2; Diamorphine 3; Femergin 5; Tetracycline 6; Maxolone 13; Becosym 4; Ceporin 55; Gentacin 6; Piopen 5; Anti tetanus vaccine 3; De-sensitising vaccine 7; Valoid 19; Folvite 1; Heparin 1; Luminal 31; Collo-calcium D 19.

HOME NURSING SERVICE

STAFF ENGAGED AT 31st DECEMBER, 1968

Superintendent	1
Senior Assistant Superintendent .. .	1
Assistant Superintendents .. .	2
Queens Nurses, Full time .. .	25
Queens Nurses, Part time .. .	8
District Nurse Students .. .	2
S.R.N., Full time .. .	4
S.R.N., Part time .. .	7
S.E.N., Full time .. .	3
S.E.N. Part time .. .	5
Nursing Orderly, Part time .. .	1
Nurses' Aides, Part time .. .	4
Number of Students trained .. .	4

Transport Provision at 31st December, 1968

Local Authority cars .. .	3
Privately owned cars .. .	33
Privately owned scooters .. .	4
Privately owned pedal cycles .. .	20

The statistics of the work of the Home Nursing Service confirm the trend over the years of a continued, gradual increase in the number of patients referred for care, resulting in an increased number of visits being paid to patients. In order to make the fullest use of the skills of the trained staff and to absorb the additional visits, the establishment was altered during the year to allow the employment of Nurses' Aides, whose duties are mainly concerned with weekly baths and routine general nursing under the supervision of trained staff. There are now a number of areas in the City where a trained District Nurse is responsible for a large number of patients and has working with her State Enrolled Nurses and a Nurses Aide. This method of administration appears to give all round satisfaction and utilises the skills of each individual in the team to their fullest extent.

Our liaison with High View Hospital continues to work most satisfactorily and members of the nursing staff make visits to the hospital to keep in touch with their patients and familiarise themselves with their treatment. Domiciliary supervisory visits by our liaison officer helps to maintain the link between the hospital and domiciliary staff to the benefit of the patient. On several occasions during the year Coventry and Warwickshire Hospital have also welcomed members of the staff to learn about special treatments and equipment which patients have to continue to use following their discharge.

In order to continue to improve our service to the community close liaison with general practitioners and all local hospitals must be vigorously pursued.

In June the Queen's Institute ceased to be a training body for District Nurse training and each authority became responsible for making alternative arrangements for training. Coventry was invited to join with Birmingham and several other Midland Authorities for the Specialist Lectures and were approved by the Ministry of Health as a Practical Training Centre.

The range of disposable equipment for use in giving various treatments to the patients has been extended to include sterile dressing packs. These are made at the District Nursing Centre in two sizes by an employee of the Sheltered Workshop and sterilised at Gulson Road Clinic. The introduction of the packs has a twofold value, the method being much more efficient and also much quicker. Also in the range of disposables, "Steritemps" are now being used. These are thin polythene sheaths for use with a thermometer, a much more hygienic method than that previously in use.

On the educational side, five nurses attended Refresher Courses. Staff meetings have been held in alternate months at which there is an exchange of ideas and a guest speaker.

VACCINATION AND IMMUNIZATION

Section 26

Immunization against Diphtheria, Pertussis and Tetanus

There was, during 1968, a slight decrease in the number of children receiving protection by means of the triple combined antigen preparation against these three diseases. This was due solely to the fact that, in the last quarter of the year, this Authority began to implement the revised vaccination and immunization schedule of the then Ministry of Health; one of the recommendations of this schedule is that the commencement of the primary course should be at age six months instead of three months, with the result that those children born on or after 1st July during the year did not receive their first injections until January, 1969, and so are not represented in this Report. Had it not been for this deliberate deferment, the figures would have shown an improvement over those for 1967.

When the figures are examined in closer detail it is interesting to observe that the number of infants receiving a primary course of immunization against tetanus by itself (as opposed to the combined antigen) rose slightly; this no doubt indicates the increasing tendency to offer active immunization, in addition to temporary passive protection, against this disease following certain types of injury.

Booster doses against diphtheria and tetanus showed a satisfactory increase over the previous year's figures; these were not, of course, affected by the revised schedule. Again, closer scrutiny of the figures reveals an interesting trend, namely the greater use of diphtheria/tetanus antigen at the expense of the triple combined preparation for the immunization of children beyond infancy. This trend clearly indicates the greater caution in the use of any vaccine containing the pertussis fraction in children of this age range.

Vaccination against Poliomyelitis

As primary vaccination against poliomyelitis is linked chronologically with immunization against diphtheria, pertussis and tetanus, a similar slight decrease in the numbers can be seen, but no more than can be accounted for by the implementation of the revised schedule. Booster doses were, of course, not affected and showed a slight increase over the previous year's figures.

Vaccination against Smallpox

Fortunately, because of the age at which vaccination against smallpox is now carried out, no deferment by this procedure was necessary in the implementation of the revised schedule and the 1968 figures show a satisfactory increase over those for 1967.

Vaccination against Measles

I mentioned in my report for the year 1967 that the Minister of Health was awaiting the report of the Joint Committee on Vaccination and Immunization on the subject of vaccination against measles. Subsequently, in March, 1968, the Minister asked local health authorities to make arrangements, under the provisions of Section 26 of the National Health Service Act, 1946, for vaccination against measles in their areas. Although it was the Minister's view that protection should be offered to all children up to and including the age of fifteen years who were susceptible to measles, he informed authorities that the amount of vaccine available at the outset would not be sufficient to meet all possible demands and he requested, therefore, that during the period May to July inclusive, the procedure should be offered only to susceptible children between their fourth and seventh birthdays.

Accordingly, a campaign to offer the protection to those in the specified age group was launched at the beginning of May following a two-week period of intensive publicity including a press conference, public notices in the local press, posters and descriptive leaflets at clinics, general practitioners' surgeries, infant schools, hospital out-patient departments, etc. Special clinic sessions were organised and the dates, times and locations of these were widely publicised; these sessions were arranged at all the City's purpose-built clinics on week-days and Saturday morning sessions were also held at the New Council Offices.

At the same time it was made clear to parents that this procedure was also available from general practitioners but, because of the serious shortage of vaccine supplies, many general practitioners were unable to obtain enough to meet their requirements.

As from the 1st August, it became possible to offer vaccination to children outside the comparatively restricted age group, that is children aged between twelve months and their fourth birthday, and those aged seven years and over, became eligible. Accordingly, the second phase of the campaign was planned to operate from the 1st August, the greater part to be carried out within a five-week period so that the services of the Department's whole-time medical staff could be utilised to the greatest extent during the latter part of the school holidays. Once again the facilities were made available throughout the City at child health clinics and at the New Council Offices and in addition, because of the considerable improvement in the vaccine supply position, it was possible to issue general practitioners with sufficient amounts for their practice requirements.

The campaign ended in November, by which time it was obvious that all susceptible children whose parents wished to avail themselves of the facility, had been vaccinated. The total number protected, just over five thousand, appears surprisingly small relative to the expected number of susceptible children in the appropriate age groups. There is little doubt that the main explanation is that the measles epidemic which had been forecast by the Ministry of Health as likely to commence in the autumn was, well under way, at least in Coventry, by early spring and the number of susceptible children was diminishing day by day several weeks before the Coventry Health Department was able to obtain its first supplies of vaccine.

Towards the end of the year, after the campaign had been completed, arrangements were made with the Computer Systems Analysts and Programmers to incorporate the procedure into the routine immunization schedule which forms part of the computer programme responsible for the management of vaccination and immunization procedures in the City.

Management of Vaccination and Immunization Procedures by Electronic Computer

In my Annual Report for 1966 I gave a full account of the proposed arrangements by which the immunization appointments would be made by the Local Authority's computer and the records stored therein. During 1967, it may be recalled, all the Local Authority's child health clinics and four practices of general practitioners were taken on the computer scheme and it had been hoped that 1968 would see further developments in this field in respect of general practitioners. Unfortunately, three factors during the year substantially prevented such developments, namely the launching of the measles vaccination campaign, the radical revision of the basic vaccination and immunization schedule and the revised schedule of remuneration to general practitioners for the carrying out of vaccination and immunization

procedures. However, by the end of the year the way once again appeared clear for further progress to be made and groups of general practitioners were invited to discuss with Departmental staff methods by which their vaccination and immunization arrangements could be taken on the computer scheme.

The principal aim of the computer scheme, it will be recalled, is to achieve and maintain the highest level of immunity against those diseases for which protection by vaccination or immunization is available. Because of the unusual factors, referred to above, prevailing during the year, it is not practicable to assess the extent to which this aim is being achieved but, with a more stable situation prevailing during 1969, some clear trends should become perceptible.

Poliomyelitis Vaccination 1968 Oral

Year of Birth	1968	1967	1966	1965	1961-64	Others under 16	Total
<i>Completed Primary course (1st, 2nd and 3rd doses)</i>							
General Practitioners ..	431	901	115	57	141	207	1,852 } 5,280
Local Authority Clinics	1,491	1,673	101	69	87	7	3,428 }
<i>Booster (4th after 3) doses</i>							
General Practitioners ..	—	90	214	82	1,502	423	2,311 } 4,370
Local Authority Clinics	—	23	28	7	1,964	37	2,059 }

**Completed Diphtheria, Pertussis and Tetanus Immunizations
1968**

	Infant Welfare	General Practitioners	Schools	Total
Diphtheria	3,356	1,978	—	5,334
Diphtheria Booster ..	4,387	2,711	—	7,098
Pertussis	3,252	1,857	—	5,109
Pertussis Booster ..	2,586	1,556	—	4,142
Tetanua	3,355	2,769	—	6,124
Tetanus Booster ..	4,403	3,139	—	7,542

Smallpox Vaccination 1968

Age	Under 1	1-2	2-4	5-14	15-16	Total
Primary Vaccination ..	91	2,500	747	266	31	3,635
Re-vaccination	3	13	65	235	11	327

Measles Vaccination 1968

	Infant Welfare Centres	General Practitioners	Schools	Total
Primary	3,181	1,836	—	5,017

Vaccination against Yellow Fever

It will be recalled that in July, 1967, the City's Health Committee approved a renewed proposal to provide a designated Yellow Fever Vaccination Centre in Coventry in accordance with the requirements of the International Sanitary Regulations.

A further approach was subsequently made to the then Ministry of Health, outlining the evidence of the need for such a provision in Coventry so that intending travellers would not have to go to Birmingham simply to have this procedure carried out. Ministry approval was given and the service began to operate on 7th February, 1968, after appropriate publicity

The special vaccination clinic sessions, at which this procedure is carried out, are held in Room 151 of the Health Department, New Council Offices, on Wednesday afternoons, between 2 and 3 p.m. by appointment. Due to the considerable cost of the vaccine, a charge of 25s. has to be made, but this fee also covers the completion and issue of the International Yellow Fever Vaccination Certificate; (in circumstances where special arrangements have to be made, at the request of an individual, for vaccination other than at the normal clinic session, the charge is two guineas).

During 1968, 369 persons were vaccinated, mostly business men travelling abroad on behalf of their companies, intending emigrants to a variety of tropical countries and persons visiting relatives abroad.

Vaccination against Influenza

In September, 1968, reports reached this country that there had been a large prevalence of influenza in the Far East and that the virus isolated, although related to A2, showed substantial antigenic differences. It seemed unlikely that there could be much existing immunity in this country to this strain of the virus and the then Ministry of Health gave Local Health Authorities advance warning as to the possibility of a serious winter epidemic.

Previous advice had been that vaccination against influenza was indicated only for persons suffering from certain chronic diseases in whom an attack of influenza might aggravate their disability or prove fatal. The new situation was such that Local Health Authorities were advised to offer protection to children in residential establishments and to those, such as nurses and doctors, at special risk of infection because of their contact with patients.

Following clear evidence that the epidemic was travelling westwards to involve Europe and the Americas it was decided locally that key personnel in the Health and Welfare Departments of the City Council, who were in contact with the public, should be vaccinated and accordingly the protection was offered to e.g. medical officers, domiciliary nursing staff, ambulance drivers, day nursery staff, dental staff, home helps and staff of Old People's Homes. The vaccination programme was carried out by Health Department staff during the last week in November and the first week in December, as the epidemic was not expected to affect this country until early in 1969. A total of 1,144 such staff were vaccinated; many more would have received the protection but had some contraindication (such as a past history of allergy) which would have rendered it unwise for vaccination to be given.

COVENTRY HEALTH DEPARTMENT AMBULANCE SERVICE (Section 27)

During 1968 the Ambulance Service found itself, on many occasions, unable to meet the total demand placed upon it and, as a result, very close study was made of the circumstances leading up to this situation. It is against this background that one should consider what might appear to be a reduction in demand and which, in practice, only indicates that from time to time the Ambulance Service had to indicate to Out-Patient Departments — mainly the Departments of Physical Medicine — that patients could not be brought in. This pattern, in view of the present financial stringency, could well cause the hospital and Ambulance Service jointly to consider more careful utilisation of each others facilities.

There is no doubt that a high incidence of sickness among Ambulance Service staff resulted partly in the situation that developed, but it also transpired that the percentage of two-handed work was increasing, and that the service could expect it to increase even further still as the demands of departments of Physical Medicine, Day Geriatric and Day Surgical Units developed.

Years ago, the average percentage of stretcher cases was to the order of ten per cent of the total load, whilst today, it varies between twenty-three and thirty per cent. A simple survey carried out on a busy day towards the end of the year revealed that approximately eighty per cent of the total load of the service was for out-patient treatment with fifty-eight per cent going to the Department of Physical Medicine. Clearly, there is need for this situation to be watched.

Increasing traffic congestion is another factor contributing to the problems of the service although it is hoped that a large portion of this problem will be resolved when Stage V of the Ring Road is completed. The problems the hospital service have in controlling indiscriminate parking in an already overworked site should not be minimised, but it must be accepted at the same time that this also creates delays.

In view of these factors, consideration will have to be given to the provision of additional driving staff and vehicles to remedy the situation if the service is not to fall victim of more serious and justifiable complaint during 1969.

Appendix I provides a table of annual comparative statistics.

	1958	1960	1962	1964	1966	1967	1968
Total number of Patients removed	102,112	109,103	121,137	129,844	125,712	121,427	120,615
Emergency Patients	4,577 4.4%	5,125 4.6%	5,634 4.6%	6,503 5.02%	6,504 5.17%	6,867 5.65%	6,983 5.78%
Admissions, Discharges and Out-Patients	97,535 95.6%	103,978 95.4%	115,503 95.4%	123,341 94.98%	119,208 94.83%	114,560 94.35%	113,632 94.22%
Total mileage per Patient	3.49	3.53	3.44	3.4	3.6	3.8	3.7

Staff

The establishment of the service at 31st December, 1968, was as indicated below :

Administrative Staff

Chief Ambulance Officer	..	..	..	..	..	..	1
Deputy Ambulance Officer (Control) ..	..	..	..	..	..	..	1
Deputy Ambulance Officer (Administration)	..	..	..	..	..	..	1
Station Officers ..	..	..	..	..	..	..	3
Teleprinter Operator ..	..	..	..	..	..	..	1
Shorthand Typist ..	..	..	..	..	..	..	1
Clerks (Control) ..	..	..	..	..	..	..	2
Clerks (General Office) ..	..	..	..	..	..	..	2
							—
						TOTAL	12
							—

Personnel on Shift and Day Working

Leading Drivers	9
Male Driver/Attendants	56
Female Driver/Attendants	9
Storeman	1
Vehicle Wash Attendant	1
Part-time Cook	1
Part-time Canteen Assistant	1
Part-time Cleaners	2
Handyman Labourer	1
	<hr/>
TOTAL	81
	<hr/>

Maintenance Staff

Chargehand	1
1st Class Mechanics	2
2nd Class Mechanics	2
	<hr/>
	5
	<hr/>

Training

Continuing use is being made of the Birmingham Fire and Ambulance Service to conduct six-week Interim Courses on behalf of the Ministry of Health, and as the syllabus is that recommended by the Ministry, it is hoped that the service will continue in the future to be in a position to accept course vacancies.

Midwifery Service

The night staff dealt with 1,367 requests for the services of midwives, this is a decrease of 879 compared with the figure for 1967, and a total decrease of 1,853 since 1965.

Vehicles

The operational strength of vehicles at the close of the year was :

Ambulances	15
Operations Vehicle	1
Dual-purpose ambulances and sitting case vehicles	16
Workshop vehicle	1
Health Department — Special Care Unit	1
	<hr/>
	34
	<hr/>

Appreciation

The Chief Ambulance Officer, officers and all members of the Ambulance Service, acknowledge the interest of the Chairman and members of the Health Committee, and the Medical Officer of Health and his principal staff in the day to day problems and welfare of the Ambulance Service, and wish to thank them for this interest.

HEALTH EDUCATION

Introduction

Health is defined as a complete state of mental, physical, and social well-being, not merely the absence of disease or infirmity. The World Health Organisation Expert Committee (1954) stated that the main aims of Health Education were :

- (a) To make health a valued community asset.
- (b) To equip people with knowledge and skills so that they can be used towards resolving their own health problems.
- (c) To promote the development of Health Services.

During the past year we have tried to expand Health Education and, still further, to implement the above theories. This report therefore sets out to show our efforts and achievements in 1968 and to make suggestions for further development and advancement in this extremely diversified subject.

The activities of the Health Education Section during 1968 are described under the various sub-headings which follow :

1. Administration

- (a) *The dissemination of diversified information:*

This has taken the form of printed hand-outs which state concisely the functions of the Health Education Service, the rôle of the Health Education Officer and how proper usage can be made of the sectional facilities in this connection. As a result of this enquiries from students, pupils, teachers and lecturers have been attracted and information provided to them: they have also been able to have equipment and teaching aids on loan from the Section when this has been reasonably possible.

The Health Education Officer has been invited to speak upon health education subjects to groups of cadet nurses at Henley College and to physical education students at Canley College of Education.

- (b) *The preparation of a visual aid catalogue:*

In order to keep the field health educators and other interested people informed as to health education materials available, e.g.

films, film strips, flannelgraphs, etc., a catalogue was prepared and copies widely distributed to those many members of staff engaged in health educational functions — as also to other interested people on request.

(c) *Departmental co-ordination in Health Education work:*

A number of forms have been prepared to enlist departmental staff commentary and appraisal in relation to a variety of health education materials and equipment, e.g. films film strips, slides, etc.

(d) *The acquisition and usage of an overhead projector:*

Presentation thereby of visual aid schemes and commentaries for teaching purposes; plan of Health Department administrative structure for instructional requirements, etc.

2. Campaigns

The campaigns during the year could be divided into two main groups :

(a) Major campaigns

(b) Minor and routine campaigns

Major Campaigns were those either preceded by a press conference or press statement in conjunction with the Medical Officer of Health, and minor and routine campaigns were those without press involvement or extensive publicity. One major campaign in 1968 was upon the subject of Measles. Because of the shortage of vaccine, this campaign was launched twice during the year — the first commencing in early May. During the first phase of the campaign only those children between four and seven years of age were eligible for vaccination. By 20th July, 1,825 children of the above age group were vaccinated. The second phase of the campaign started on 1st August, when more vaccine became available, and priority for vaccination was given to children from one to four years of age.

Routine Campaigns — During the year leaflets, booklets and posters on Home Safety, Mother Care, Nutrition, Cervical Cytology, and Care of the Feet, and other health subjects were sent out to clinics and other appropriate places from time to time: and upon request. There was a considerable increase in the dissemination of this type of propaganda material during the year.

Minor Campaigns included the following :

(a) *Care of the Eyes* — Following notification by the Local Government Information Office on the proper care of the eyes, especially those of the elderly, we participated in the campaign by sending out posters for display to all child welfare clinics, old age pensioners' clubs and associations, and to other suitable locations.

(b) *Christmas Campaign* — In order to remind people about accidents commonly associated with Christmas celebrations, posters and leaflets from the Royal Society for the Prevention of Accidents were distributed to all clinics and other suitable places.

3. Courses

Following a request by a senior member of St. John's Ambulance Brigade, a two weeks' course on preliminary hygiene for their junior members was arranged and this was followed by an examination. In December, 1968, a half-day course was arranged for health visitors on the use of the cine projector: this to aid them in their health education work. In-service training for appropriate Health Department staff is of considerable importance and with an enlarged Health Education Section could, with great advantage, be given enhanced priority.

4. The Mobile Display Units

Examples of subjects dealt with were "The Use of Leisure Time"; "Cervical Cytology"; "Prevention of Accidents in the Home".

5. Health Education in Schools

In 1968 Health Education in schools was continued on the same basis as that of 1967, but more secondary modern schools, grammar schools, junior schools, E.S.N., and colleges have been visited. Talks were given on a variety of health subjects and for some schools programmes were prepared to cover a whole year of operation.

Greater realisation of the importance of Health Education has gradually developed and pupils, students and lecturers carrying out health projects in schools and colleges have visited the Health Education Section to ask for more information about their particular subjects, and sometimes to borrow materials for illustrative purposes.

There is no doubt that the more children and young people of today learn about the importance of healthy living the greater will be the future impact for ensuring enhanced standards for the coming generations. We hope that with the co-operation of teachers and all others concerned we will be able to develop a pattern of systematic Health Education in schools which will give children a good overall conception of this important subject.

Subjects, sessions and the numbers of participants attending during the year were as follows :

Subjects	Sessions	Participants
Mothercraft	211	3,689
Smoking and Health	22	1,364
Personal Relations and V.D. (Sex Education)	56	1,430
General Hygiene	23	769
Prevention of Accidents	15	352
Nutrition	6	701
Health and Welfare Services	32	1,205
General Health	13	583
Resuscitation	9	313
Drug Dependence	17	924

As shown in the above table our health education programmes cover a variety of subjects and an indication of the degree of participant interest is demonstrated. I would like to thank all those who have taken part in the health education programmes for schools.

6. Anti-Smoking Clinic

Efforts to encourage people to refrain from smoking and thereby to lengthen their potential life span; from wasting money, or from causing unnecessary inconvenience to non-smokers still form one of our main Health Education activities. During the year lectures and film shows were given in schools, clubs and other organisations. In 1967 we started a "Five Day Plan Anti-Smoking Clinic Course" to help people who had a strong desire to relinquish the habit. The participants greatly appreciated the course and many of them gave up smoking permanently while some cut down drastically upon the number of cigarettes being smoked. Demands for repeat courses followed so that friends and relations who were unable to attend the first course could derive benefit from a further "Five Day Course". It is quite certain that similar courses will be arranged in the forthcoming year.

Some four days after the completion of the Course a "reunion" of participants was arranged to assess the practical results of this form of health education. The great preponderance of participants attended and most had refrained from further smoking to date while some had cut down their smoking to much smaller proportions.

We were greatly indebted to the Birmingham Regional Mobile Mass Radiography Service for arranging a session at our Gulson Road Clinic for the chest X-raying of participants to the "Five Day Course".

It would be reasonable to suggest that the Course did good for those participating although when, three months later, we sent out questionnaires the response was somewhat limited, as the following data will indicate:

(a) Number of questionnaires sent out	97
(b) Percentage of questionnaires returned	37%
Percentage of (b) who were still not smoking	80%
Percentage of (b) with diminished smoking	15%
Percentage of (b) smoking as previously	5%

7. Statistical Information

This is provided in the table which follows and it will be noted that a number of important Health Education subjects are catered for in addition to those dealing with infectious conditions and other diseases.

8. Participants in Health Education

Those who took part in Health Education arrangements during 1968 included the following:

- (a) Medical Officers
- (b) The Health Visitors
- (c) Staff of the Ambulance Service
- (d) Midwives
- (e) Staff of the Welfare Department
- (f) Health Education Officer

9. Conclusion and Suggestions for Further Advancement in Health Education

The aim of Health Education is not only to inform the general public how best to avoid the inroads of disease, bad hygienic standards and unhealthy attitudes towards life, but also to make helpful suggestions towards inculcating a positive approach to healthy living. This cannot be achieved to best advantage without a greater financial allocation so that additional staff appointments can be made in the Health Education Section and further necessary equipment provided. This has been indicated in previous Annual Health Reports and it is necessary to restate the need as stated. Accommodation too is extremely cramped and the need for expansion is self-apparent.

STATISTICS ON HEALTH EDUCATION ACTIVITIES Numbers Participating

(The number of Sessions conducted is shown in parentheses)

Subjects	School Children	Young People	Mothers' and Women's Groups	Adults	O.A.P.
Mothercraft and Child Care ..	3,689 (211)	2,601 (109)	1,629 (111)	—	—
Smoking and Health	1,364 (22)	721 (21)	246 (16)	—	—
Personal Relations and V.D. .. (Sex Education)	1,430 (56)	754 (33)	51 (4)	—	—
Parentcraft	—	—	—	951 (49)	—
General Hygiene	769 (23)	284 (12)	131 (5)	—	—
Prevention of Accidents ..	352 (15)	568 (37)	412 (31)	—	—
Cancer Education and Cervical Cytology	—	—	3,009 (135)	—	—
Nutrition	701 (6)	867 (4)	171 (13)	—	—
Health and Welfare Services ..	1,205 (32)	744 (41)	109 (6)	38 (4)	406 (3)
General Health	583 (13)	197 (7)	—	—	—
Family Planning	—	—	115 (4)	—	—
Resuscitation	313 (9)	230 (10)	—	355 (6)	—
Drug Dependence	924 (17)	214 (6)	—	306 (6)	—

MENTAL HEALTH SERVICE
(Mental Health Act, 1959; National Health Service Act, 1946,
Section 28)

Community Provisions for the Mentally Handicapped

Junior Training Centres and Special Care Units

The year was largely one of consolidation, in which programmes of social education and training were carried out in each unit in a manner appropriate to the ages, abilities and aptitudes of the mentally handicapped children concerned. Although all children attending these units are, by definition, "unsuitable for education at school", there is a comparatively wide spectrum of social competence clearly demonstrable; accordingly, the principles of social education and training may range from something approximating to special educational treatment in an E.S.N. school to such basic training as teaching children to wash and dress themselves and to see to their own toilet requirements. Consequently a correspondingly wide range of expertise is required of staff working in this field as, at the one extreme, their role is that of "teachers of the mentally handicapped", while at the other it may come very close to nursing care.

The new combined Junior Training Centre/Special Care Unit at Broad Park House (opened in April, 1967) continued, during the year, to provide valuable additional places for mentally handicapped children excluded from the educational service and at the end of the year only five vacancies remained. The City Council now provides 105 junior training centre places between the Burns Road Unit (75) and Broad Park House (30). It is evident that this provision will barely be adequate for the needs of the City until the new Junior Training Centre at Aldermans Green opens towards the end of 1970. Clearly the demand for places will tend to exceed the provision and so it has been necessary to devise a system of priorities for admission on the basis of, e.g., age, clinical condition and social circumstances. As far as the first of these factors is concerned it has unfortunately been found necessary to pursue a restrictive policy in respect of children under five so that the maximum priority can be given to children of school age who have been assessed as unsuitable for education at school, either at age five or at a later age following an unsuccessful trial period at a school for educationally subnormal pupils. It should be added that it is not without misgivings that one pursues this policy as there is considerable evidence that the mentally handicapped child derives great advantage from attending, say from age three, a nursery group in a training centre or special care unit.

Apart from formal training programmes, many social activities were also arranged by the units to provide additional stimulation and enjoyment for the children. For example, the children at one unit participated enthusiastically in a performance of "Red Riding Hood" to which parents were invited, and groups of children were taken on outings to such places as Coombe Abbey and Coventry Zoo.

Finally one must not omit to mention that Mrs. Ralph, one of the Special Care Assistants at Wyken Grange Special Care Unit, was awarded one of the prizes in an essay competition sponsored by the National Society for Mentally Handicapped Children. The winning award was, appropriately enough, a visit to Jerusalem to attend the Fourth Congress of the International League of Societies for the Mentally Handicapped.

Senior Training and "Sheltered" Employment Facilities

Whereas the junior units provide a socially useful alternative to school for the mentally handicapped under sixteen years of age, the Senior Training Centre and "Sheltered" Workshops can be said to provide forms of further education and "sheltered" employment for the over-sixteens. The year 1968 was a particularly satisfying one for both senior units.

Two valuable additional facilities became available at the Senior Centre during the year, both concerned with aspects of athletic activity. At the beginning of the year a full size military trampoline was purchased from funds raised by staff efforts during 1967. This has proved a great asset to the Centre and, apparently, all the trainees have clamoured for a "bounce". This activity has been treated seriously by the staff as there is no doubt that co-ordination of brain and limb can be improved, and students of the Coventry College of Education have kindly instructed staff in correct trampoline procedures.

In the past, several of the trainees attending the Senior Centre have learned to swim at the Coventry Baths, but opportunities have necessarily been comparatively restricted. Consequently the Coventry Society for Mentally Handicapped Children decided to provide a swimming pool located at the Senior Centre, but to be used for the benefit of all mentally handicapped people in the City. In July the swimming pool was completed and was formally presented to the Lord Mayor, on behalf of the City, by the representatives of the Coventry Society; the handing over ceremony was a simple open air one which gave enormous pleasure to the trainees, especially as it was accompanied by an entertaining demonstration of aquatics by members of the Coventry Long Distance Swimming Association. The value of this gift to the employees, trainees and Hostel residents is proving very great and the Coventry Society is deserving of commendation for achieving this most desirable training and recreational amenity. It is intended that the pool will be covered to provide facilities for all the year round swimming and in this connection it is significant to note that the fourth garden party organised by the Centre staff raised £400, of which £250 was given to the Fund. The remaining £150 was used to provide outings and equipment over and above those which the Local Authority would normally be expected to provide.

The "Sheltered" Workshops, also, had a most successful year with regard to production and income. During the nine months ended 31st December, 1968, approximately £7,000 had been earned and the total income was expected to reach £8,500 by the end of the financial year; when one compares

this with the income of £5,870 for the financial year 1967/68, the increased productivity is clearly demonstrated and is an indication of the dynamic efforts of employees and management alike.

By far the greater part of the work (approximately eighty per cent) is carried out for the local motor vehicle industry, especially Jaguar Cars Limited and Rootes Motors Limited. These contracts are mainly concerned with the packing of spare parts — for the former Company anything from a tappet-pad to a steering wheel, and for the latter the valve components for the entire range of production vehicles. The remaining twenty per cent of work is mainly other packing and light assembly work for local industrial concerns.

Because of the growing success of the Workshops as a productive industrial unit it has been possible up-to-date to review year by year the remuneration paid to the "employees", this without detrimental effect upon the amount of their Social Security entitlement. It must be remembered that the persons attending this Unit are those who, because of mental handicap, are considered unable to obtain or maintain themselves in remunerative employment, hence the Social Security allowance. It is interesting to add, however, that, following the useful industrial experience in this Unit, some do in fact succeed in obtaining employment in open industry and six persons achieved this success during the year.

Residential Establishments

In my last Annual Report I commented on the new Short Stay Home at Broad Park House, which had opened in April, 1967, and I outlined the functions of this unit. It will be recalled that the home provides short stay care for periods of up to three weeks for those mentally handicapped children under the age of sixteen years who are capable of being cared for without requiring the resources of a hospital (e.g. nursing care), thus benefiting parents by giving them a break from the very heavy demands which these children make upon them.

During 1968, 156 children were admitted for such care, many of them on more than one occasion. This latter point is worth emphasising as many parents appear to believe that this form of care is available only during holiday periods; in fact the home is open all the year round (apart from a few days at Christmas, so that the staff may be with their families) and accordingly appropriate applications for care are welcomed at any time of the year.

The aim of the staff is to provide a thoroughly homely atmosphere for the children and to cater as much as possible for the individual needs of the latter (even to the extent of finding out in advance which particular foods are liked and disliked). This atmosphere is reassuring not only to the children themselves but to their parents who, understandably enough, may have reservations in leaving a child for two or three weeks while they themselves go on a much needed holiday.

The year was a comparatively uneventful one for Torrington House, the fifty-place long stay hostel for mentally handicapped adults, and it has become obvious that, in its fifth year of existence, the hostel has come to be accepted as an ordinary residential establishment in the locality. The female block has now been fully occupied for over two years and, towards the end of the year, it was obvious that a similar situation would soon prevail in respect of the male block: near full occupancy has created a greater stability as a residential establishment, as the great majority of residents are admitted for permanent residential care, in a similar fashion to that provided for elderly people in old people's homes.

Nearly all of the residents enjoy a full and satisfying community life. Virtually all of them are employed in open industry or in the adjacent workshops; the remainder attend the Senior Training Centre on a daily basis.

Two vacancies in each block are reserved for short stay cases to provide a similar service for the over sixteens to that provided for juniors at Broad Park House. During the year fifteen males and eighteen females received short stay care for periods of up to three weeks, and in addition day care was also provided for certain mentally handicapped adults as a means of helping parents with temporary domestic difficulties.

MENTAL HEALTH SERVICE

**(Mental Health Act, 1959: National Health Service Act, 1946,
Section 28)**

Community Provisions for the Mentally Disturbed

For the Mental Health Section, 1968 was a time of great sadness and upheaval, opening as it did with the tragic death on duty of Mr. Jack Morton Noble, one of the Senior Psychiatric Social Workers, in whom we lost an esteemed and valued colleague, whose fine personality and great ability as a Social Worker is irreplaceable. He was a vital member of the team which has grown over the last nine years, coming to England from Australia as a trained Social Worker and continuing his training as a Psychiatric Social Worker at Manchester University while a member of the staff; after completing his training he took over the running of the Psychiatric Social Club at the Queen's Road Baptist Church and worked with a very active group of general practitioners. With his younger and less experienced social worker colleagues he was a tremendous help and support. Social workers, medical colleagues and many patients expressed their sorrow and deep appreciation of his work and later gave in a practical way to the Lord Mayor's Fund which was opened on behalf of his widow and two small sons. To the Reverend Richard Hamper special thanks are expressed for his help and sympathy given both within the Section and to Mrs. Noble. The efforts of the Administrative and Social Work staff at this time when morale was very low was much appreciated and sincere thanks must be paid to the students from the Lanchester College and Birmingham University, who were in the Department at that time, who voluntarily undertook to work relieve social workers in the Section.

In March, 1968, Mr. Edgar McCoy, who had been Principal Mental Health Officer in the Section since 1961, resigned to take up an appointment in the Birmingham Children's Department as a Senior Assistant Children's Officer. He had been in the post during a period of considerable activity both from the recruitment and social worker training point of view and would, undoubtedly, have found the pace of development most stimulating. His frequent contacts in a variety of psychiatric family situations and his periodic contacts with the Child Guidance Clinic will no doubt greatly assist him in the new type of work he has taken up in Birmingham. We wish him much success.

The twenty-four hour service whereby mental welfare officers of the Section assisted in the compulsory admission for treatment or observation of patients who are mentally disordered continued smoothly and during the year 183 patients were admitted; this is an increase on the 177 patients admitted the previous year. The mental welfare officers' work is often made easier by the helpful support of the Ambulance Drivers and Attendants whose efforts are invaluable in the more difficult cases. The co-operation of the General Practitioners, Psychiatrists, Ambulance staff and Mental Welfare Officers lessens the distress felt by patients and relatives in such circumstances and the concern and skill of the Mental Welfare Officers is essential in carrying

out the requirements of the act in a human and sympathetic way. Occasionally Police assistance is required and I would like to express my appreciation of the ready co-operation of the members of the Police Force.

The greater proportion of the time of the Mental Health Staff is given to their work as Mental Health Social Workers and during the year 444 new cases were referred to the section of which 360 were patients with mental illness or emotional disturbance; often these referrals led to considerable work with whole families. Cases referred of mentally handicapped persons were 84, of whom 34 were subnormal and 50 severely subnormal. The numbers for the mentally ill was a fall of 94 on the previous year, whereas those for the subnormal was a rise of 34. Referrals from General Practitioners were 192 as compared to 221 last year; the numbers referred on discharge from in-patient treatment or during and after out-patient treatment by Psychiatrists was 105 compared to 125 the previous year. Cases referred from the Local Education Authority was 28, two more than in 1967. Cases from other sources numbered 113 compared to 123 for the previous year.

The total number of office interviews and home visits during the year was 9,207, a decrease of 721 from the previous year. In view of the staff shortage which has existed throughout the year and the number of changes in staff over the year the figures are higher than one might have expected and emphasise the hard work and devotion of the Social Workers who frequently worked many hours outside normal office hours. Of these visits 6,664 were in connection with the mentally ill and 2,543 were concerned with the mentally subnormal. For the latter, visits to the Centres, Hostel and Workshop are also undertaken at frequent intervals.

At the end of 1968 there were 16 Social Workers in the combined Mental Health and Child Guidance Service, of whom 11 were in the Mental Health Section, four in the Child Guidance and one seconded to the full-time training course in Psychiatric Social Work. At that time nine had qualifications in Psychiatric Social Work, three held diplomas in Social Studies, one a degree in Sociology and two were qualified by long experience. Mr. S. Valentine was seconded to the course in Psychiatric Social Work at the University of Birmingham and will return to the Child Guidance Service in September, 1969. Mr. T. R. Frost, who joined the Section as a Social Worker in 1961 and later worked as a Psychiatric Social Worker, left to become a Senior Social Worker in the Welfare Department of the Corporation; his loyalty and work in the Section was much appreciated and our good wishes go with him in his new work. Miss E. Kiely, another of the Psychiatric Social Workers who worked jointly in the Mental Health Section and the Child Guidance Clinic, left to take a course in the United States and although her valuable work in both areas was a loss to the Service, we understand she will gain a great deal from her venture in the United States. Miss Pollock came from Australia and joined the Section for a few months and then returned, and Mrs. C. Woollard joined the staff as a Psychiatric Social Worker in August, and Mr. J. M. Williams, also as another Mental Health Social Worker.

In the Child Guidance Service there have been a number of staff changes, in addition to the resignation of Miss Kielty, Miss S. M. Hall, the Senior Psychiatric Social Worker, after three years at the Centre left in September to take a post in the Child Guidance Training Centre in London. Miss Hall did a great deal to organise the administrative side of the work and we hope she will enjoy her new post. Mrs. I. M. Edgar, who joined the service in 1966, succeeded Miss Hall as Senior Psychiatric Social Worker in October, 1968. Mr. B. Truckle joined the Service as a Psychiatric Social Worker in September and Miss D. Harker as a Mental Health Social Worker. These numerous changes have increased pressure on the staff at the Centre and this has necessitated some revision of case loads. It was decided when making new appointments that the staff appointed to the Child Guidance Centre should work there on a full-time basis instead of undertaking duties in both sides of the Service as this seemed a more effective means of using their skills and of lessening the strain on Workers endeavouring to combine duties in separate buildings. A close link is maintained in the form of regular discussions between the Acting Principal Mental Health Officer and the Senior Psychiatric Social Worker at the Clinic.

The close co-operation with the Social Workers at Central Hospital and with the community has continued. Social Workers attend weekly sessions at a Consultant Psychiatrist's Out-Patient Clinic and a good proportion of the work of the Section is referred from this Clinic. In addition one of the other consultants at the Hospital has established a further link with the Section by inviting one of the Social Workers to attend fortnightly ward meetings for case discussion on patients from Coventry who have recently been admitted or who are to be discharged. This leads to greater continuity of the social work than was possible in the past.

Two meetings of the Joint Officers Committee were held in 1968, attended by Consultant Psychiatrists (including child psychiatry), the Medical Officer of Health, the Deputy Medical Officer of Health, representatives of General Practitioners, Senior Psychiatric Social Workers and other senior lay staff representation from the Town Clerk's, Health and Education's Departments: also from Coventry Health Executive Council and South Warwickshire Hospital Group 14 and Coventry Group 20 Hospital Management Committees. Valuable exchange of opinion is maintained at these meetings and discussion of the developments of the Local Psychiatric Service with the proposed opening of the 42 bedded Psychiatric Unit at the Walsgrave Hospital in 1969 has introduced a new area of work for the Local Authority Service. It has been agreed that the Hospital Management Committee will finance the equivalent of a full-time Psychiatric Social Worker in the Mental Health Section so that necessary Social Work Service can be provided for the new psychiatric hospital unit.

Discussion has taken place on the question of the provision of a Day Centre for Psychiatric Patients in Coventry and for the establishment of a hostel for disturbed adolescents. Plans are being considered for the former by the Mental Health Trust and discussion is taking place with the Richmond

Fellowship in relation to the latter. In the case of the Day Centre, the co-operation of the Reverend Richard Hamper and his Committee in respect of providing adequate accommodation at Queen's Road Baptist Church will be of tremendous help and encouragement towards achieving the establishment of the Centre. We are most grateful for their generous consideration and helpfulness.

The attachment of Psychiatric Social Workers to general practices which was pioneered in Coventry, has continued very successfully in spite of changes of staff in 1968. Through this work close personal liaison at regular and frequent intervals is maintained between the Psychiatric Social Workers and the General Practitioners concerned. We feel that this arrangement will be a valuable added means of enhancing the vital team work which is so essential for the good of the patients. It provides an indication as to how well co-operation between Local Authority Services and General Practitioner Services can be built up. From this firm baseline the arrangement is envisaged for extension to other areas and with the opening of a Hospital Psychiatric Unit in Coventry this strong link should prove invaluable in providing a much more integrated and effective hospital and community service. It also provides an especially interesting field of work for the Psychiatric Social Workers in the Service and extends their activities into the area of prevention — the hereditary role of any progressive Health Department — since many of the patients seen are at an early stage in their difficulties and the intervention of case work help and supportive therapy may prevent more serious breakdown later.

In 1968 the Psychiatric Social Club for the defined needs of certain mentally disturbed persons suffered from three changes of staff. Initially with the death of Mr. Noble a number of Club members left and only one of these has returned. However, with quite a high rate of referral the Club has gained in numbers and at the end of the year between eight and twelve members were present each week. Of the sixteen referrals during the year seven were from Psychiatric Day Patient Clinics and nine from Social Workers in the Mental Health Section and Hospital. None of the sixteen referrals have become regular attendants at the Club. It is noticeable that persons referred to the Club are more likely to be regularly attending active members when they are receiving continuing social work help or are still attending Psychiatric Out-Patient Clinics.

The question of transport has become an increasing problem. There are now nine members who require transport to and from the Club. Voluntary workers from the Sherbourne Fish Scheme have continued to help us at the Club; this has been consistent and reliable.

The Social Workers have been encouraged by the fact that two members improved to such an extent that they obtained jobs and left the club. Both these patients had been presented as they had suffered from phobic symptoms for quite a long time and therefore their resettlement in employment has been a real achievement for them.

As the members have increased, activities have become more varied and include card games, table tennis, darts and play reading. In the better weather one of the Social Workers took a group of members out for walks to a nearby park. Because the Club is an afternoon activity there are not many male patients referred but we now have two men in regular attendance.

At the Group Home, 86 Blackwatch Road, for Psychiatric After Care for Family Patients, the fourth and last vacancy was filled. This was the first time that there had been four residents in the house, the other three residents were already well established when the fourth lady was introduced so a certain amount of adjustment was required within the household. The regular weekly visit of the Social Worker was an important factor at this time affording the residents an opportunity to discuss any difficulties or problems they encountered.

Unfortunately, the Section has not been able to continue attachments with the Paediatrician's Out-Patient Clinic. The two Psychiatric Social Workers involved left the service at about the same time as the Consultant Paediatrician retired and new links were not made because of the shortage of Psychiatric Social Work staff, but it is hoped that in the future it might be possible to resume this valuable area of work.

The Service has made a substantial contribution to student training during the year. The majority of students, 17 in all, coming from the Social Studies Diploma and Certificate in Social Work courses at the Lanchester College, Coventry and the Diploma in Social Work course at Birmingham University. One of the students from the latter, Mrs. Woollard, joined the staff as a Psychiatric Social Worker at the end of the course. Over shorter periods there were students from other Universities and College courses, Psychiatric Nurses, students from Coventry College of Education and Student Midwives. Many of these students visited the Local Authority Centres, Workshop and Hostel for Subnormals.

The Mental Health Service has continued to receive help from voluntary organisations. Monetary grants have been made by the Coventry Society for Mentally Handicapped Children, Coventry Family Welfare Association, Coventry General Charities and the Lord Mayor, and we wish to express our appreciation of this support which is very valuable to families in special need where statutory provision is not adequate. Volunteers from I.V.S., Fish Schemes and a number of schools have given practical help in decorating homes, visiting families, assisting with transport for relatives in visiting patients in hospital and attending the evening social club at Torrington Avenue Centre and making social visits to residents at Torrington House. Mrs. Beck, in association with the Coventry Council of Social Service has been invaluable in co-ordinating help from the various voluntary sources.

In a wider sphere the Mental Health Trust, the Richmond Fellowship and The Local Authority in association with the Bishops Council of Social Responsibility have been investigating the possibility of establishing a Day Centre for Psychiatric patients and a Hostel for maladjusted adolescents in the area.

Senior members of the Mental Health Section attend the meetings and working parties discussing these projects. If successful, such an organisation would fill a need in the provisions for the mentally ill in Coventry.

Several members of the staff have given a number of talks on the work of the Section to schools, nurse training courses, women's organisations, church groups and at the Youth Employment Convention and in this way hope to increase local knowledge and awareness of mental illness and subnormality. In 1968, the number of staff contributing to this essential aspect of the work has increased and it is felt that this should be encouraged in an attempt to widen understanding in the community at large. As much of this work is undertaken outside office hours, the efforts of the staff are much appreciated.

At the beginning of 1968 the Organisation and Method Section undertook a survey of the combined services at my request and in the detailed report recommended an increase of three Social Worker staff in the Adult Section and two in the Child Guidance Centre. Unfortunately, owing to financial stringency it has not been possible to implement these recommendations, but the other aspect of importance was confirmation of my belief that greater efficiency would ensue if the work of the Section was divided into areas of the city. Following the report the city was divided into two areas and two of the existing Senior Psychiatric Social Workers, Mr. M. Brassington and Mr. A. McElvanney, were appointed as Area Mental Health Workers and the rest of the Section divided as equally as possible. Some of the transfer of work from Social Workers can only take place gradually as valuable relationships between Social Worker and patient cannot be broken in some cases, but already considerable in-roads have been made in streamlining the distribution of case loads and it is becoming quite clear that this will be a more economic use of Social Worker staff. In addition, things are being set in motion by the Area Officers to familiarise themselves with other services in their areas, with General Practitioners, Health Visitors, from whom valuable early referrals are often received, and other Social Workers. The restriction in the area to be covered by individual Social Workers is making this development possible and in this way a better service to the patients and relatives should develop.

In both aspects of the work of the Section, Mental illness and Subnormality, increasingly more emphasis is being placed on work with the whole family rather than on the member presenting symptoms and joint family interviewing is being used effectively in a number of cases. This often increases the amount of time needed initially for any one case, but the results are much more satisfactory and helpful to patients and families, and in the long run probably decrease the need for re-referral at some future date.

In spite of staff shortage throughout the year the Social Workers have worked with vigour and enthusiasm and are always keen to attempt new approaches to problems.

In the field of subnormality a determined effort is being made to re-organise some of the social work to give more concentrated work and counselling to the more disturbed and troubled families with a subnormal child and to do less routine visiting with those families whose problems are not so great, or who have already been helped. Plans are well advanced to begin small groups with the mothers of subnormal children, many of whom have needs and problems in common, but who feel isolated with their difficulties. Three of the Psychiatric Social Workers are especially interested in this work and one of them has already investigated suitable families to begin such a group. This will be a new development in the work of the Section, but one which it is felt could be most helpful.

For the future the prospect of the opening of the new 42 bedded Psychiatric Unit at the Walsgrave Hospital in 1969 brings widened horizons to the work of the Section which is to provide the Social Work for the new unit. Looking further ahead to the building of Coventry's own Psychiatric Hospital, great satisfaction is again felt that it has been agreed that this too should be staffed by Social Workers from the Section, an indication of the measure of confidence felt by the Consultant Psychiatrists in the Social Work provided. With these developments imminent, our close working relationships with General Practitioners in the city would prove an invaluable link between the Hospital and the community and thus help to create a much improved service for Psychiatric patients in Coventry. Continuity of care should become a reality which has not always been possible in the past because of the distance between Coventry and the existing Mental Hospital. Our greatest need therefore in the difficult current economic situation will be to attempt to maintain the existing standards of staffing within the Section and to expand when this becomes reasonably possible.

I am indebted for the following report from Mr. A. Gottlieb on the Social Work of the Psychiatric Department at the Central Hospital.

1968 was again a year of changes. Miss Boase, our social work assistant, left half-way through the year and Mrs. Riley, one of our social workers, and Mrs. Gorman a part time social worker, left for domestic reasons.

We have been able to obtain the services of Miss Clark, who came from Birmingham University with an Honours Degree in Social Studies, and Mrs. Aitzetmüller who came to us from the Buckingham College of Further Education where she had finished a two year course in intensive case work (Certificate of Social Work Training). Mrs. Fisher, who had worked as a part-time social worker, was able to become a full time worker as from October, 1968. Mrs. Charlton was reappointed as a part time worker when we found it was not possible to get any further suitable full-time workers. We welcome our new colleagues and we hope that the department will be able to settle down again for a longer period without changes. We were also pleased to hear that Miss Shearman, one of our former trainee social workers, has fairly recently become a tutor in one of the new Social Workers training courses in Bristol, which means that three former trainees of our department have become teachers in our field.

In spite of these further changes, our statistical survey shows rather better results than last year. Both the total case load and the total number of visits and out-patient clinic interviews have increased again, and to a social worker the fact that we were able to do more intensive work with a larger number of cases is always welcome. I understand that the number of cases dealt with both by our Coventry colleagues and by the Warwickshire Mental Health Department has again increased during this year, and I am glad to say that co-operation between our colleagues who work in the areas and clinics, and our opposite numbers in the local Government Services, has continued satisfactorily. We would like to thank both the doctors and nursing staff, our own clerical staff and other personnel in the Hospital with whom we always co-operate closely, and the various local outside agencies, such as Probation Officers and the various local Government Departments, for their help and co-operation.

TUBERCULOSIS

The number of new cases of pulmonary tuberculosis notified to the Health Department was 92. This is some 14% lower than in 1967 (102) which prior to 1968 was the lowest ever recorded.

Of the new notifications males outnumbered females by nearly two to one (a familiar pattern in recent years) and most were in the relatively wide age group 25-65 years. Fourteen of these cases, however, were children under the age of fifteen years — five of whom were children of Commonwealth immigrant families and, moreover, five were children within two families. Of the total notifications for the year (92), twenty-seven (29%) were Indian and Pakistani Commonwealth immigrants.

T.B. MILK

Number of persons receiving milk at 1st January, 1968	..	172
Number of additional persons allowed milk during 1968	..	57
Total number of persons who received milk during 1968	..	229
Number of persons receiving milk at 31st December, 1968	..	178
Cost during the year ended 31st December, 1968	.. ..	£3,432.2s.6d.

OCCUPATIONAL THERAPY

The Occupational Therapy scheme, originally intended for T.B. patients, has been gradually extended over the last ten years to include patients with many disabilities. These include hemiplegics, spastics, head injuries, heart conditions and a small number of mental cases both psychotic and neurotic.

Mental Disabilities, Head Injuries — Problems in Group Therapy

Many patients, particularly those with mental disabilities and those recovering from head injuries, find noise intolerable after being in hospital for long periods. It is not easy to arrange a workroom, which was not originally planned for the purpose of therapy, so that noise is eliminated or reduced. The nature of the work carried out in Occupational Therapy is often noisy and, as an example, the hammering needed to rivet leather work can disturb a patient and he may find it impossible to concentrate. Group Therapy is only one of the many activities at Gulson Clinic and the services provided for children are also bound to create a certain amount of noise.

If it is found that a patient is not able to overcome his noise intolerance, arrangements are made for him to be included in domiciliary Occupational Therapy. After a period of time working at home, it is not unusual to receive a request from the patient to return to Group Therapy as he begins to miss the social atmosphere of the group. It can then be assumed that he is determined to overcome his disability and is usually successful in doing so. There are, however, a minority of patients who cannot adapt to Group Therapy and some complain of headaches and nausea. These patients continue Occupational Therapy in the comparative quiet of their own homes.

Hemiplegics

Hemiplegics also present many problems and are not really suitable for domiciliary Occupational Therapy due to the constant supervision they require. It has occasionally been possible to treat these patients at home, but an over-attentive wife or family do more to hinder progress than to help. These patients are inclined to "forget" an apparently useless arm and hide it away while attempting a task. A sympathetic member of the family will provide "another arm" thus defeating the purpose of occupational therapy. Some of these patients also have diplopia or monovision and many have speech defects. The type of occupational therapy suitable for this type of patient varies considerably according to disability. Basketry, stool making and allied crafts are not suitable for patients with diplopia or monovision but may be ideally suited to a patient with an "uncomplicated" hemiplegia. The waxing and polishing of a leather bag (made perhaps by another patient) is a more suitable exercise for the patient with faulty vision and makes use of the spasm of the affected hand which will grip a polishing pad or create a vice in which to hold the work down. There are of course many hemiplegics who produce quite a high standard of work such as trays, baskets, purses and bags, table lamps and shades, upholstered stools and coffee tables. To

achieve this standard requires a great deal of perseverance, concentration and above all determination on the part of the patient and the therapist.

Spastics

Spastics are usually quite adaptable due to their life-long disability. With the minimum of equipment they are able to learn most crafts provided the hands are mobile. If this is not the case, then there are many aids provided for assistance in typing, writing, drawing, painting, etc. These aids can be fixed to a headband or held in the mouth. Even the most seriously disabled spastic is never considered as being utterly without hope.

Heart Conditions

The majority of patients in this category have no visible disability and are therefore often denied help and encouragement by relatives and friends. These patients derive great benefit from light craft work at home. Group Therapy is also useful to them but they are often too willing to help other patients with visible disabilities. This help may be in the form of attempting to push a wheelchair, the passenger being a weighty patient. When prevented from giving such help the explanation is often "I wanted to see if I could manage it"; "At least I am able to walk and he is not". Patients in this group who are unable to leave their homes for long periods are grateful for the opportunity to learn a craft and for the delivery of necessary materials when required.

Tuition in a wide range of crafts is available and advice is given on the suitability of a craft according to the patients condition. It is found that to allow a patient to *choose* a craft rather than to direct him is often a means of stimulating his prolonged interest for craftwork in general.

There are many crafts available to all patients, both in Group Therapy and domiciliary Occupational Therapy and for which only light equipment is needed. In one exceptional case a T.B. patient has his own small workshop for craftwork in jewellery, including silverwork.

Statistics relating to the year 1968

Number of patients remaining in scheme from 1967..	..	..	102
Number of patients brought into scheme during 1968	..	..	24
Number of patients left scheme during 1968 ..	..	..	23
Number of patients in scheme at 31st December, 1968	..	..	103
Number of visits to patients during 1968 ..	..	..	722
Number of patients attending Group Therapy, 1968 ..	..	..	38
Number of attendances by patients to group therapy, 1968	..		818
Number of patients visits to office during 1968 ..	..	..	441
Total attendances by patients during 1968 ..	..	..	1,259

CONVALESCENCE

The City Council has accepted responsibility for hospital patients needing essential recuperative convalescence following their treatment. Such cases are for the most part accommodated by the hospital Almoner for allocation to acceptable convalescent homes. All applications are scrutinised by the Medical Officer of Health prior to recommendation to the Health and Welfare Committee.

During 1968 three cases were accepted at a total cost of £27.12s.6d.

HOME HELP SERVICE

National Health Service Act, Part III, Section 29

The Home Help Service in Coventry operates under the provisions of Section 29 of the National Health Service Act under an administrative scheme approved by the Minister of Health. The Service, up to now, has been a permissive one.

Bearing in mind the calls upon the Service it has responded well during 1968.

In 1948 there were employed 90 Home Helps (full time and part time) as against 538 in December, 1968.

The Service is decentralised and area offices are situate as indicated hereunder :

- | | |
|------------------------|--|
| 1. Central | 1a Argyll Street |
| 2. Wyken | 1a Argyll Street |
| 3. Bell Green | Housing District Office, Hall Green Road |
| 4. Holbrooks | Community Centre, Masser Road |
| 5. Radford | Multi-Purpose Building, Jubilee Crescent |
| 6. Allesley | The Allesley Youth Centre, Birmingham Road |
| 7. Canley | Housing District Office, Torrington Avenue |
| 8. Willenhall/Earlsdon | Housing District Office, St. James Lane,
Willenhall |

The Home Help Organiser's office is at the Council House.

During 1968, the total number of cases provided with assistance was 3,058. Comparative figures of the cases dealt with in the years ended 31st December, 1967, and 31st December, 1968, are set out in the following categories :

	1967	1968
Over 65 years	2,239	2,369
Under 65 years		
(a) T.B. and Chronic Sick ..	138	148
(b) Mentally Disordered ..	20	21
(c) Maternity	235	160
(d) Others	386	360
	— 779 —	— 689 —
	<u>3,018</u>	<u>3,058</u>

It will be noted that there continued to be reductions in the maternity cases dealt with in 1968. The significant reduction in maternity cases may well result from the opening of the Maternity Hospital at Walsgrave. The over 65 years cases continue to increase, thus indicating the important role the Home Help Service plays in regard to the care of the aged in enabling them to remain within the confines of their own homes.

The Report, published in July, 1948, of the Committee of Local Authority and Allied Personal Social Services states that they were impressed with the contribution to domiciliary care now made by the Home Help Service and indicated that a still greater contribution will certainly be required from it in the future, particularly because of the increasing number of old people in the community.

One significant change during 1968 was the decision of the Health and Welfare Committee to follow the lead given by the Ministry of Health in Circular 25/68. From 30th September, 1968, householders who received the services of a home help and who were in receipt of supplementary allowances from the Ministry of Social Security became no longer required to make payment for Home Help Services. The minimum charge was also abolished from that date. Possibly, as a result of the foregoing, the latter three months of the year have shown an additional increase in the aged group now assisted.

Home Helps, in their own time, frequently perform acts of kindness to their charges, such as visiting them at weekends or holiday periods, the provision of meals, visitation to see their cases who have been admitted to hospital, or taking their clients on shopping expeditions. To the elderly in particular, this means so much and does much to generate the feeling of being wanted.

Loneliness unfortunately is frequently a problem with the elderly so it is not surprising that the visits of the Home Helps are so eagerly anticipated. These visits stimulate interest and as a result the Home Helps derive immense satisfaction. The Home Helps, and the Area Organisers who guide and support their work, are a dedicated group of people who encounter many difficulties, e.g. where initial cleaning of very neglected houses is required, incontinence (which, if washing facilities are not readily available, may lead to problems), incompatibility, etc. It is, therefore, essential that Home Helps must be able to accept and adapt themselves to a variety of circumstances with tolerance and cheerfulness.

Recruitment of Home Helps

Recruitment of home helps has been satisfactory. One of the main sources of recruitment has been on personal recommendation.

Training of Home Helps

Training courses of one week's duration have been held. Lectures on selected subjects have been given, and practical cookery undertaken under the guidance of a Domestic Science Tutor with emphasis on the special dietary needs of the elderly, the presentation of food and special diets. Discussion groups have been held in which the home helps played an active part. It is felt that training is an essential to the home helps, improving their efficiency and showing the importance of their role in community care.

Dressmaking classes were held at 1a Argyll Street for an evening each week. These were arranged in association with the Department of Further Education and 15 to 20 home helps attend. A display of their work was exhibited at the inspection of premises undertaken by the Health and Welfare Committee in the spring.

Visits by School Leavers

A number of school leavers have been given a series of talks on the role of the home help and each student has then assisted a home help at her work, carrying out household duties and shopping. This has stimulated the girls' interest and a number of them have paid further visits to the cases.

Visits by Student Nurses, Midwives, etc.

A number of the Student Nurses, Midwives, etc., have paid domiciliary visits in conjunction with Area Organisers to see how the Service operates.

Home Help Social Club

A Social Club has been formed and the committee (which includes representatives of all the areas) has been extremely active. At two monthly intervals, various activities are arranged such as theatre visits and social

evenings. The Annual Dinner and Dance, a very successful venture, was held at the Hotel Leofric. The Club is proving to be a success and gives the home helps an opportunity of meeting together.

Night Care Service

The number of cases assisted in 1968 was 23. The Service provides attendance during the night hours for seriously ill persons without friends and relatives to attend them. It also provides a measure of relief to relatives undertaking night care. Particulars of a typical case are given below :

A lady, aged 40, bedridden, is suffering from disseminated sclerosis. Her family consists of a husband and two daughters, aged 12 and 13. At first, two mornings' help (Tuesday and Thursday) was provided as the husband is on regular night shift. This arrangement proved satisfactory as the man was home all day on Monday and Friday (the night shifts consisting of four nights per week).

Later this year, the wife's condition worsened considerably. She became incontinent, partially blind and very confused. Due to this, the husband had to lose a considerable amount of time from work and although his firm were most co-operative he could not afford the loss of income. Financial difficulties arose.

To enable him to continue regular work, he requested night care and it has been agreed that help is provided for two nights a week, the Little Sisters of the Assumption and the Nursing Service each providing two nights. In this way, the husband is able to continue work, knowing his wife is being looked after properly.

Six male home helps are employed. These men undertake the care of male patients to whom it is not desirable that a woman be sent. The male home helps undertake the bathing and shaving of cases. These are brief particulars of a case where a male home help attends.

A married couple are in their eighties, the wife suffers from a cardiac condition and arthritis, the husband has had a severe stroke which means that he is only able to move with assistance. The male home help attends each morning to light the fire, shave, wash and dress the man, thus enabling him to sit in a chair. He returns in the late afternoon, putting the man back to bed. The man is regularly bed-bathed and his hair cut. Female help is provided for two days weekly to attend to the usual household routines. By the provision of this help, this couple have been able to remain together in their home.

New Legislation

The Health Services and Public Health Act, 1968, Section 13, is intended to replace the existing provisions relating to the Domestic Help Service as

enacted in Section 29 of the National Health Services Act, 1946.

Under the new enactment :

“It shall be the duty of every local health authority to provide on such a scale as is adequate for the needs of the area, or to arrange for the provision on such a scale as is so adequate, home help for households where such help is required owing to the presence of a person who is suffering from illness, lying-in, an expectant mother, aged, handicapped as a result of having suffered from illness or by congenital deformity or a child who has not attained the age which for the purpose of the Education Act, 1944, is, in his case, the upper limit of the compulsory school age and every such authority shall have power to arrange for the provision of laundry facilities for households for which home help is being, or can be, provided under this subsection.”

The Minister of Health, in Circular 31/68, states that in the light of the present economic situation it has been decided to defer for the present the bringing of this section into force and during the period of deferment Section 29 of the 1946 Act remains in force.

Authorities will be notified of the date of implementation of this section in due course.

This new provision, as will be seen, makes it obligatory for each local authority to provide an adequate Home Help Service from the “appointed day”.

Staff employed at 31st December, 1968

Home Help Organiser, Area Organisers and Assistant Area Organiser	10
Clerks, whole-time	7
Clerks, part-time	2
Home Helps, whole-time	6
Home Helps, part-time	538
Whole time equivalent	286

HOME HELP SERVICE STAFF

Home Help Organiser	..	..	Mrs. S. S. Fish, M.I.H.H.O.
Area Organisers	..	..	Mrs. D. Buggins
			Mrs. P. R. M. Butler
			Mrs. W. M. Cartmell
			Mrs. M. Cashin
			Mrs. D. Farris
			Mrs. M. B. Hazell
			Mrs. E. L. Morgan
			Mrs. E. S. White
Relief Area Organiser	..	..	Mrs. B. Barnett
Area Clerks	..	..	Mrs. J. Abel
			Mrs. G. E. Ainsbury
			Mrs. M. Batt
			Mrs. V. Baxter
			Mrs. J. Kell (Part-time)
			Mrs. J. Satchwell (Part-time)
			Mrs. J. Smolders
			Mrs. D. M. Thomson
			Mrs. A. Williams

MEALS FOR THE SICK AND AGED

The Mobile Meals Service in Coventry, understood to be the first municipally operated service in the country, was inaugurated in 1949, and has been so increased in its operation that the average meals supplied each weekday during 1968 were 466 as against 74 in 1949. One very pleasing feature of the service is the delivery of between 15 and 30 meals on Saturdays and Sundays and Bank Holidays to persons who even at weekends would otherwise be unable to obtain a reasonable hot mid-day meal. Arrangements have been made for the Sunday meals to be prepared at the new Home, Primrose Hill Lodge early in 1969. We are, however, grateful to the Medical Officer of Health for allowing them to be provided from the Torrington House Hostel.

The total number of meals provided since the inception of this scheme is nearly 948,000 and the million mark will be achieved some time in 1969.

The following statistical details relate to the service in 1967 and 1968.

	1967	1968
Total number of meals supplied	107,535	119,484
Average number of meals per day (5 day week)	414	466
Cost of purchasing meals ..	£12,045.11s.5d.	£13,725.13s.10d.
Contributions from recipients ..	£873.0s.10d.	£1,149.18s.0d.
Net cost	£11,172.10s.7d.	£12,575.15s.10d.
Total number of persons attended	803	758

A fleet of nine vehicles is maintained, eight of which are used on the regular daily service, and the remaining vehicle is kept as a spare in case of breakdowns or other emergencies.

16 part-time employees are engaged, and the replacing of staff, when necessary, presents no difficulties.

CHIROPODY SERVICE **(Coventry Corporation Act, 1958, Section 72)**

In considering the profession of chiropody, account should be taken not only of preserving mobility, thus reducing the possible load on residential care or other health and welfare services but also its function is to look at the causes of a patient's condition as well as its effects. Thus it is more easy to remedy, prevent or refer such conditions.

This has been recognised in Coventry for some years, indeed the City Council included in its Coventry Corporation Bill in 1958 clauses in relation to the provision of a Chiropody Service which subsequently became law. Thus by virtue of Section 72 of the Coventry Corporation Act, 1958, a service was commenced in March, 1959, and now operates under the following conditions:

- (a) As a free service for aged and necessitous persons as defined in the Act.
- (b) The service provides for the giving of treatment to both ambulant and house-bound cases.
- (c) The chiropodists employed are State Registered chiropodists as defined under the Professions Supplementary to Medicine Act, 1960, and the regulations made thereunder.

Since April, 1966, the Department has employed a full-time chiropodist and there is a vacancy for a second one. This vacancy, owing to the dearth of chiropodists is proving difficult to fill.

Additional to the chiropodist directly employed, chiropodists in private practice are employed on a per capita basis and, on a sessional basis. Treatment is therefore available at the patients' homes, at the chiropodists' surgeries and at certain clinics.

The number of patients receiving treatment during 1968, with comparative figures for 1967, are indicated hereunder :

								1968	1967
Domiciliary	..	..	..	..	..	..	..	1,625	1,250
Surgery	..	..	..	..	..	..	..	1,389	1,240
								<hr/> 3,014	<hr/> 2,490

The number of treatments during the year was 16,236, which is slightly less than 1967, due to illness of the departmental chiropodist in 1968.

The figures include :

Treatment at Clinics	..	..	..	..	..	..	..	272
Domiciliary Treatments	..	..	..	..	..	..	..	7,428
Treatments at Old People's Homes	..	..	..	..	..	..	..	1,640
Treatments at Chiropodists' Surgeries	..	..	..	..	..	..	..	6,896
								<hr/> 16,236

**REMOVAL TO SUITABLE PREMISES OF PERSONS
NEEDING CARE AND ATTENTION
(National Assistance Act, 1948, Section 47)**

Section 47 of the National Assistance Act, 1948, enables the necessary action to be taken to secure the necessary care and attention of persons who

- (a) are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions, and
- (b) are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

The Section outlines the procedure to be taken which means that the Medical Officer of Health must be satisfied through enquiry and consideration that such a course is necessary and where urgency measures are taken a second doctor must so certify. The court in normal circumstances must hear the application for compulsory removal or in urgent circumstances one Justice of the Peace only.

Removal under these circumstances is very undesirable, and fortunately during 1968 no cases were so removed. There were, however, one or two instances of persons requiring care and attention who refused to avail themselves of such facilities as the hospital or Welfare Department were able to provide, or to make available, but eventually they were prevailed upon to enter suitable premises without the necessity of invoking compulsory powers.

MAIN DRAINAGE AND SEWAGE TREATMENT

I am indebted to the City Engineer and Surveyor for the following data:

Fairly satisfactory progress is being maintained on the contracts for the duplication of the three main arterial sewers, viz. the Canley, the Sowe and the Sherbourne, and later this year it is hoped that work on site will commence on the second and final stage of the Sowe Valley Sewer Duplication.

During 1969 and subject to Ministry approval, the Council also proposes to commence work on the culverting and improvement of the Hall Brook from its confluence with the River Sowe to Watery Lane at the northern extremity of the City. The scheme will relieve flooding from surface water in the Hall Brook catchment area and will cost approximately £350,000.

PUBLIC WATER SUPPLY

I am indebted to the Water Engineer and Manager for the following information in respect of the City's Water Supply:

- (a) The water supply within the Undertaking's area of supply has been satisfactory in quantity and quality.
- (b) Action taken in respect of any form of contamination consists of chlorination at all sources of supply which at underground sources of supply is only a marginal dose.
- (c) In respect of the City this Undertaking supplies direct 108,051 dwellings and indirect 762 dwellings. The population supplied direct is 335,633 and the population supplied indirect is 2,286 at 31st December, 1968.

CHEMICAL AND BACTERIOLOGICAL ANALYSES

Bacteriological Examinations

<i>Samples from</i>	<i>Frequency of Examination</i>	<i>Laboratory</i>
All underground supplies, Strensham and bulk supply from Birmingham	Twice weekly	City Laboratories Service, Coventry
	Fortnightly	Coventry Public Health Laboratory
Strensham	Treated water Daily	City Laboratories Service. Laboratory at Strensham
	All stages including inlet and outlet Bredon Reservoir weekly	
Distribution System	Eight samples each week	City Laboratories Service, Coventry
New and repaired mains, consumer complaints, etc.	As required	City Laboratories Service, Coventry

Chemical Examinations

<i>Samples from</i>	<i>Frequency of Examination</i>	<i>Laboratory</i>
All underground supplies Strensham and bulk supply from Birmingham	Fortnightly	City Laboratories Service, Coventry
	Full chemical and mineral analyses — periodically	City Laboratories Service, Coventry
Strensham	Treated water and all stages, partial analysis — daily	City Laboratories Service Laboratory at Strensham
	Full analysis all stages through works — monthly	City Laboratories Service Laboratory at Strensham

1968 COVENTRY CREMATORIUM

The Canley Crematorium which is owned and operated by the Parks and Cemeteries Department of the Corporation continued efficiently to fulfil its role in the hygienic disposal of the dead. The Medical Officer of Health as medical referee has the assistance of the Deputy Medical Officer of Health and his two Senior Medical Officers as deputy medical referees.

The figures for 1968 with comparative figures for preceding years were as follows :

Total Cremations

1968	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958
3,041	2,726	2,658	2,624	2,498	2,422	2,422	2,086	1,992	1,762	1,679

Coventry Residents

1968	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958
1,765	1,574	1,563	1,535	1,392	1,399	1,442	1,190	904	849	814

Residents of other areas

1968	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958
1,276	1,152	1,095	1,089	1,106	1,023	980	896	1,088	913	865

Once again during 1968 the number of cremations (3,041) taking place at the Coventry Crematorium greatly outnumbered, as in 1967, and recently preceding years, the number of burials (1,295) in the City.

**MEDICAL EXAMINATIONS AND OTHER ASSESSMENTS
CARRIED OUT ON BEHALF OF CORPORATION
DEPARTMENTS DURING THE YEAR
1st JANUARY, 1968, to 31st DECEMBER, 1968**

1.	<i>For superannuation purposes</i>	
(a)	Superannuation medical decisions based on questionnaire	899
(b)	Superannuation medical decisions based on medical examination	248
		<hr/> 1,147 <hr/>
2.	<i>Medical examinations to determine fitness for a particular post</i>	
(a)	City Transport Undertaking	
(i)	Initial examination for P.S.V. Licence	50
(ii)	Routine re-examinations at stipulated ages	112
(b)	City Fire Brigade	
(i)	Initial examinations	58
(ii)	Special breathing apparatus examinations	35
(c)	Other examinations (e.g. for fitness to work with children, to be employed as school caretakers, etc.)	344
3.	Special medical examinations (prolonged sickness, fitness to resume work, possibility of need for premature retirement, guidance regarding need to modify duties, etc.)	158
4.	Food handlers medically cleared (by questionnaire, X-ray, and laboratory investigations)	
(a)	School Meals Service	643
(b)	Hospital Catering Staff	90

**CITY OF COVENTRY
HEALTH DEPARTMENT**

**Summary of Local Authority Provisions
for the Mentally Handicapped
1948-1969**

A. Establishments

1. Burns Road Junior Training Centre
2. Wyken Grange Special Care Unit for Children
3. Adult Training Centre, Torrington Avenue
4. Torrington House — Sheltered Workshop for Adults
5. Torrington House — Hostel for Adults
6. Broad Park House Junior Mental Health Centre :
 - (a) Junior Training Centre
 - (b) Special Care Unit
 - (c) Short Stay Home

B. Future Developments

C. Summary and Conclusion

D. The Voluntary Effort

Medical Officer of Health,
Health Department,
New Council Offices,
Earl Street South,
Coventry.

August 1969

A.1

The Burns Road Junior Training Centre — Coventry

Records demonstrate that in 1920 some 37 cases of mental deficiency had been notified up to that time in Coventry (population 130,000). The number increased by about 20 each year thereafter up to 1944, when the Education Act became operative and in that latter year some 46 new cases were notified (population 220,400). At the time of the N.H.S. Act, 1948, and for the three year period up to December 1951, an average of 55 new cases were notified annually (population in 1951 — 258,100). At the end of 1951, the Coventry Health Committee had responsibility for the welfare of 340 mentally defective persons at home. A further 288 were in institutional care.

The Burns Road Centre was opened on 5th March, 1952, as the first purpose-built post-war Centre of its type in the country. It was designed to cater for the daytime care of 60 mentally subnormal persons; its aims were to encourage specialised training, purposeful activities, development of controlled behaviour, bearing and self-reliance; to inculcate acceptable aesthetic habits and encourage regular attendances. Other aims were to prepare those who could adequately assimilate the training for simple tasks, e.g. domestic work, gardening and other manual accomplishments. A collateral bonus was to be the relief of those parents and near relatives who had, continuously, carried the burden of the subnormals for so long in their own homes. Training was also designed to develop physique and mental faculties to best advantage within the limitations of the individuals concerned.

At 1952 there were two classrooms and two craftrooms in the Centre, together with other accommodation for cooking, dining, assembly and indoor activities, sanitary annexes, administration and staff requirements.

In October, 1961, an extension for nursery class purposes was provided (20 places in two rooms) but later this extended accommodation was relinquished for that purpose to the needs of an extending waiting list of rather older children. At August, 1969, therefore, there is a total of 75 places at the Burns Road Centre for mentally subnormal children between the ages of 5 and 16 years of age.

The Burns Road Centre, as the first such provision for mentally subnormal persons in Coventry had pupils attending from all parts of the municipality and the age range was of necessity fairly wide, i.e. 7 years to around 30 years. With the later opening of establishments in other parts of the City, the Centre together with subsequent extension, eventually became a Junior Training Centre for children aged 5 years to 16 years as was originally intended.

A.2

Wyken Grange Special Care Unit for Children with Severe Dual Mental and Physical Handicap

By the establishment of Centres at Burns Road (1952), St. Peters Church Hall (1957) — this an interim Junior Training Centre later closed in 1960 — and Torrington Senior Centre 1960, there were made available, thereby, facilities for the training needs of a considerable number of mentally subnormal persons: moreover, other facilities were contemplated ahead in the form of Sheltered Workshops and Hostels. These were provisions, therefore, from which these citizens could derive health, social and training benefits, together with a considerable boost to flagging morale both for themselves and their parents and other near relatives.

In the light of these achievements, there might readily have developed a tendency to consign into the background of thought and attention those children with most severe combined mental and physical handicaps who, because of a continuing insufficiency of hospital places or because of their unsuitability for the various departmental centres now established, could have become forgotten people. "Forgotten" that is to say in the sense of appropriate placement and other than for the periodic visits made to their homes by the limited number of authorised departmental officers — medical or lay.

Moreover, the severe trials and tribulations of the parents concerned in caring without respite for their grossly handicapped children day-in and day-out and beset thereby with considerable physical and mental anguish, were equally liable to go unrecognised by default of appropriate provision.

To any major local authority with conscience, the Mental Health Act of 1959 did seem to give a loophole of opportunity to meet such a dilemma and, in Coventry, the time was propitious for further experiment. Because of persistent frustration in finding more aesthetically suitable accommodation, an old hutment in the Wyken Grange locality, previously used for educational purposes, was serviced, provided with a relative minimum of equipment and pressed into use for the special care needs of around 25 children. Fortunately the hutment was structurally sound and sufficiently large and well conditioned for the purpose. Such a Unit could not readily achieve success without ensuring the full support and active co-operation of all those having the best interests of these children in mind, whether parents, centre staff or other appropriate departmental personnel working in the medico-social field. Moreover, the headteachers of the local education authority's special school for physically handicapped children (Baginton Fields) and the respective supervisors of the established Junior and Senior Centres for the mentally subnormal could not be left out of reckoning simply because there would be need to ensure effective two-way liaisons as and when necessary.

N.B. In the event and subsequent practice, no cerebral palsied child with severe mental handicap, came to be accepted into this Unit prior to ensuring that progress could be otherwise achieved by inclusion within the educational system. Clearly every such child must have the benefit of any lingering doubt as to his/her educational potential. Because of this a number of these severely afflicted children have been accepted into Baginton Fields School and retained there for periods varying from two to six years. Then, and only then would appropriate children be considered for transfer to the Special Care Unit.

The Wyken (Interim) Special Care Unit was opened on 8th January, 1963, and suffice it to say that it very soon proved its value for the children concerned. It was quickly beyond the experimental stage and readily emphasised its value as a necessary provision. 24 places were made available for children afflicted with severe dual mental/physical handicaps.

Parents too found great relief from the intolerable anxieties and burdens which perforce they had previously borne in relative isolation. Steps were taken to ensure that all children at the Special Care Unit were reviewed at not more than six monthly intervals by a consultant paediatrician and/or orthopaedician, respectively, at the local general hospital.

Periodic assessments by a consultant psychiatrist also take place and, inevitably, since the Unit opened, a number of the children have been accepted into a hospital for the mentally subnormal while some are awaiting admission as and when places become available for them.

N.B With the opening of the new Special Care Unit at Broad Park House, Henley Road, on 20th June, 1967, the more grossly afflicted children were transferred there from the Wyken Unit — thereby allowing the vacated places to be filled by other waiting cases.

A.3

Coventry Senior Centre for Mentally Subnormal Adults — Torrington Avenue

Introductory

Initially it is necessary to comment and remind that the first purpose built Occupation Centre for the daytime care of mentally subnormal persons in Coventry was that opened at Burns Road in March, 1952 — this to cater for sixty mentally subnormal persons of a fairly wide range and deriving from all parts of the municipality.

Soon after its establishment, parents who had previously stood aloof were quick to appreciate the value deriving for those children already placed at the Centre and it was no small wonder that requests for further placements followed. The waiting list was soon of such dimensions as to fully justify a departmental representation to the Health Committee for the early building of the already envisaged Senior Training Centre: this upon a $1\frac{1}{3}$ acres site set aside at Torrington Avenue, Tile Hill. The severe financial "squeeze" prevailing nationally at that time, however, set back the project so that the Coventry Society for Mentally Handicapped Children requested, and the Health Committee readily agreed to rent and equip, the St. Peter's Church Hall, Yardley Street, for purpose of a temporary Junior Occupation Centre (opened in 1957). This permitted the daily attendance of 24 subnormal children (later increased to 30). Most were transferred from the Burns Road Centre which, in turn, allowed for the latter being used for older children and young adults until the Torrington Senior Centre was built.

The Coventry (Public Health) Senior Centre, Torrington Avenue

This was designed for 120 adult subnormals and was officially opened in March, 1960. All adult trainees were transferred to this new building from

the Burns Road Centre, so permitting placement in the latter of all children previously assigned to the temporary Yardley Street Centre. The Yardley Street building was then promptly relinquished, having fulfilled its interim purpose to satisfaction.

The objectives for the new Torrington Adult Centre were to encourage such skills as became apparent in the trainees and to develop physique and mental faculties to best advantage but within the limited capacity of the individuals concerned.

A number of simple handicrafts were instituted, e.g. uncomplicated woodwork, weaving and cardboard box making. A proportion of the completed articles, so it was anticipated, would be suitable for sale. Simple domestic tasks and laundrywork; modified musical and artistic expression; gardening and physical training all formed part of the curriculum. Necessary instruction in personal aesthetics and hygiene, together with correct social attitudes and adaptability were inculcated by staff. Suitable equipment for physical activities and for instruction and working purposes was of course provided. A boot and shoe repairing section was initiated for a time but was later discontinued in favour of more suitable work assignments. Regular social and sports activities were assiduously nurtured by staff, e.g. football, swimming, whenever possible.

In other words, the aim was to provide a daily training and work routine in order to ensure satisfying interest and achievement for all those accepted into the Centre. The trainees were constituted of persons having a quite wide range of mental subnormality, the great majority of whom would be unsuitable to engage in open employment. A fair proportion, however, would be capable of transference to sheltered employment as and when these anticipated facilities came to be provided.

Within two years of the Centre's opening, sixteen trainees had become so proficient as to be accepted into open employment, e.g. in hotels, car washing firms and simple factory work — the sympathetic understanding of the employers having first been assured.

In 1964-65, it was necessary to rearrange practice at the Senior Centre to meet increasing pressures from outside — not least the establishment of a special care section for up to 25 lower grade subnormals. A proportion at least of these were clearly a hospital responsibility but, unfortunately, there was no adequacy of hospital places within reasonable distance of Coventry for them.

Following the opening of the Torrington Sheltered Workshop in 1964, it was then possible to sub-contract some of the more simple work from workshop to Senior Centre, thereby providing an immediate means of ensuring, for suitable trainees, instruction and interest in pre-industrial work assignments. This had the added advantage of staff being now able to give more of their time to those trainees in greatest need whilst being satisfied that the more advanced categories were usefully employed — albeit with somewhat reduced oversight.

Through continuing experience since the workshops became available, thought and attitudes have undergone periodic readjustment so that an increasing amount of staff time has been assigned to the social training aspects within the Training Centre and rather less to pre-industrial attitudes. This was anticipated because it was evident that following the initial spate of promotions, the training centre would need to adjust, over immediately forthcoming years, to a natural increase of trainees less capable of advancing to the Sheltered Workshop.

Early in 1969, because of the continuing economic crisis and the inability thereby to proceed quickly with the previously planned schedule of further training centres, it became necessary to utilise a recreation room and a sanitary annexe in the Male Hostel for the daytime requirements of special care cases from the Senior Centre. This then permitted a number of trainee placements being made into the Senior Centre from the waiting list and so relieved pressure to some extent thereon.

A.4

The Torrington Sheltered Workshop

The purpose built workshop designed for some 100 workers — 94 places being assigned for mentally subnormal, the remaining places for certain chronic psychotic patients should the definite need arise at any time — gradually came into usage from mid September, 1964, and was officially opened at the same time as the Hostels on 3rd May, 1965. The objective here was to provide sheltered employment of various types for the employees, 50% of whom derived from the Adult Training Centre — they having been carefully assessed medically as being competent under appropriate instruction and within their individual capabilities, to engage in the assignments envisaged, e.g. light assembly, drilling, sorting and packaging, carding, bookbinding, shoe repairing, etc.

The Manager of the Workshops made it his immediate business to approach a number of industrial organisations and gradually (and with the tacit agreement of Unions who were also approached at an early moment) the flow of contract work built up. Indeed, after the first year or so, it has been possible to be reasonably selective so that the employees can undertake work of a type which will provide continuing interest and acceptance. It quickly became evident that the employees were deriving great satisfaction and improving confidence from the tasks assigned to them and readily involved themselves in their new found interests. A proportion of these men and women had come from the hospitals where they had been long-term patients and (as in the Hostels) their growing happiness and enthusiasm deriving from this new phase in their lives gave great satisfaction and joy, not only to them but to the staff in charge. Contract payments for the work performed on behalf of industry and other sources has mounted fairly quickly

since the workshops opened (and not least because of the diligent approaches made by the Manager) so that it has been possible to make graded payments to the workers according to their capabilities and work attitudes.

As has been hinted, the character of work has tended to change in some respects since 1964 and some of the local car industries and engineering firms have readily offered certain contractual assignments which have proved interesting and remuneratively acceptable.

Comment

The Workshops have been highly successful in operation whether looked at from the point of view of the employees, the Local Authority, the Centre staff or the parents themselves. There can be no shadow of doubt that more and more such places are needed if only to ensure that those of the mentally subnormal who can, by their working attitudes, make a positive contribution to their own wellbeing and in the process to society, should be given every opportunity of doing so — they are owed it.

A.5

“Torrington House”

Hostel for Mentally Subnormal Adults, Coventry

This establishment occupies part of a $3\frac{1}{2}$ acres site upon which was already built (1960) the Coventry (Public Health) Training Centre for adults.

The hostels are constituted of two single-storied buildings of 25 places each — one for males and the other for females. There is a separate block for administrative purposes, which also includes a medical room, Warden's room, staff common room and accommodation for clerical requirements. This latter block fronts onto Torrington Avenue together with a contiguous Warden's flat and nearby caretaker's house also.

The location of the two square-shaped hostels and the other nearby buildings provided for the needs of the mentally subnormal, is within a fairly recently developed light industrial area in the Tile Hill part of the City. There are no separating fences or hedges between the several buildings (i.e. Hostels, Workshops and Training Centre) and this lends to an interesting and spacious perspective.

Hostel Accommodation

Place for 46 long term residents (26 female and 20 male).

Places for four short term residents (two female and two male).

Of the 46 long term residents at present cared for (i.e. 20 male, 26 female), 20 derived from hospital source, and of these latter 13 have been in the hostel since it opened. Of a total of 72 long term residents cared for since September, 1964, to August, 1969, 31 derived from hospital source and throughout this entire period 13 residents were referred back for mutually agreed hospital care for a number of totally justifiable reasons (e.g. sexual; absconding; thieving; total unsuitability, etc.).

During the same period it was also possible to provide short stay care for 113 adults and, between September, 1964, and June, 1967, (on which latter date the short stay home provision at Broad Park House became available), around 125 short stay children were accommodated.

Selection of Residents

Criteria carefully decided at opening of hostel, e.g. ability to live in open community without causing serious nuisance or being of danger to others, potential for open or sheltered employment or for training centre placement; degree of physical handicap should not be a greater handicapping factor than the degree of impairment from mental subnormality. Minimum age limit 16 years.

A high proportion of residents (21) derived initially from hospitals for the mentally subnormal and were selected by joint assessment of hospital consultants and appropriate senior medical staff of the Coventry Health Department. They had been in hospital on average for 17 years with range of stay from eight months up to 34 years!

At August, 1969:

Age

Youngest resident is $16\frac{1}{2}$ years and oldest over 60 years. The average age is around $33\frac{1}{2}$ years for males and $37\frac{1}{2}$ years for females.

Work Potential

20 are engaged in open employment (nine males, 11 females).

19 are engaged in sheltered workshops (eight males, 11 females)

Seven are engaged in Adult Training Centre (three males, four females)

Earnings

(a) For those from the hostels engaged in *open employment* the maximum weekly wage earned is £13.16s.1d. (a male) and £9.15s.4d. (a female). The minimum earned is £4.8s.1d. (a male) and £6.4s.11d. (a female).

(b) For those from the hostels engaged in the *Sheltered Workshops* the weekly wage is either £1, 30/- or £2 based on 4/-, 6/- or 8/- per day for both males and females. Amount related to productivity and attendance.

Charges for Accommodation

Maximum charge of £5.10s.0d. per week for those earning £10 per week and over.

Minimum charge of £2.10s.0d. for those earning less than £6 per week. Scaled charge, accordingly, for those earning between £6 and £10 per week.

(The above relates usually to those engaged in open employment).

For those residents entitled to £4.10s.0d. weekly payment from Ministry of Social Security — this is paid into the City Treasurer's Department and 18/- pocket money is reimbursed.

Recreational and Leisure Activities

Rooms are available and appropriately equipped for a quite wide range of games and social activity. The attitudes of staff are geared towards a non authoritarian approach, they having in mind that the nurturing of confidence and self-reliance in the mentally subnormal is of great importance.

There are also arrangements for shopping expeditions; including visits to barbers and hair stylists.

Commentary upon Social Adjustment

Residents generally have fitted in extremely well to community social attitudes both within and outside the Hostel. There have been the few exceptions but then this was to be expected and indeed is not out of calculation in the more ordinary walks of life.

The residents have been generally enthusiastic about their new found hostel life and with the widened horizons and greater freedom opened to them. Their adjustment to the new environment and circumstances has, for most, been amazingly quick and this is evidenced by their developing confidence and the enhanced sense of "belonging" and feeling of integration within the wider community.

A.6

Broad Park House — A Centre for Junior Mentally Subnormals

- (a) Junior Training Centre
- (b) Special Care Unit
- (c) Short Stay Home

This building which was officially opened on 20th June, 1967, constituted a further important stage in the implementation of a carefully planned health department schedule of accommodation for mentally subnormal children in Coventry approved by the City Council. It was designed in tripartite concept for particular needs, i.e.

- (a) A Junior Training Centre for 30 children having three classrooms of ten places each, kitchens, dining and play rooms, assembly hall, supervisors', medical and staff rooms respectively, together with

storage space, ablution and sanitary annexes. The plans took account of certain desirable modifications brought out by the 17 years experience derived from the running of the Burns Road Centre.

- (b) *A Special Care Unit* for 15 children having severe dual Mental/physical handicaps, a proportion of whom were transferred from the Wyken Grange Hutment Unit. The experience derived from the operation of this latter experimental provision, which was opened in 1963, had proved invaluable in the planning of the new Broad Park House Unit.
- (c) *A Short Stay Home* to accommodate up to ten subnormal children under 16 years of age for brief periods. The need would arise when parents found themselves in difficulty, whether by reason of illness or other acute emergency at home; the taking of an annual holiday or perhaps to have occasional evening or week-end respite from the pressures and anxieties resulting from the concentrated and perpetual care of their mentally handicapped children. Here again much valuable experience had derived to the department in the operation of short stay provisions, firstly from the three place pilot scheme constituted in conjunction (1962) by the Health Committee and Coventry Society for Mentally Handicapped Children in a council house at Blackwatch Road. Secondly from a four place temporary unit set up in the female hostel, Torrington Senior Centre, after this new building became available in September, 1964, and pending the completion of the Broad Park House Unit.

General

Transport

The Health Department has a contractual arrangement with the City Transport Department for the daily transportation, by coaches, of the great majority of trainees and employees to and from the Centres, Units and Workshop.

Meals

There is an arrangement with the School Meals Service for the delivery of midday meals to the Wyken Grange Special Care Unit. For all other Centres, meals are cooked on the premises.

B

Future Developments

On 28th July, 1969, was received by the Town Clerk a communication from the Department of Health and Social Security which included the following statement:

"As you know, the Prime Minister announced last November that the Government had accepted in principle the education of mentally handicapped children should be transferred from the health to the education

service. Legislation will be required to give effect to this decision and no date for the transfer has yet been fixed. We have been discussing the arrangements that will have to be made with the Department of Education and Science and they are consulting local authority associations and other interested bodies on the detailed proposals."

In respect of Junior Training Centres therefore the "die is cast". It is with mixed feelings (and no doubt with likely future nostalgia) that we in the Coventry Health Department look back in retrospect to the solid progress which has been made in the training of mentally subnormal children. Let it be said too quite factually — since one is knowledgeable of local parental commentary — that there are "mixed feelings" expressed by many parents of sub-normal children at the turn of events.

It is hoped most intently, with the transference of responsibility to Local Education Authorities, that the legitimate claims of mentally subnormal children will receive a satisfying share of the annual financial "cakes" forthcoming for overall educational requirements.

Coventry itself has a fine record also in the Special Care Services provided for all types of physically handicapped children (including those for the educationally subnormal). It appears certain therefore that the claims presented by this newer responsibility will receive the just recognition which they so richly merit.

In September, 1969 the building of a *new Training Centre at Aldermans Green* for 75 junior children is due to commence and to be completed by December, 1970. In the Health Department planning schedule a still further Centre for 75 such children is envisaged upon a site set aside in the Bulwar Road district: this for completion in 1976/77.

A Training and Industrial Centre of 120 places for mentally subnormal adults is envisaged to be available in 1973/74 on a site set aside at Baginton Fields. A nearby Hostel of 50 places is also for location there.

It is quite certain that these additional facilities will be progressively required — not least as the City's population continues to grow in such explosive fashion. In the Health Department there should be considerable satisfaction that the Junior Training Centres will be handed over to the Education Department as vital "going concerns" based upon solid foundations with a progressive outlook and having a well trained, even dedicated, body of staff to ensure further advancement and fulfilment for Coventry's mentally subnormal children.

Summary

C

In the preceding pages is described the constitution of various establishments in Coventry provided for the better health and wellbeing of many mentally subnormal citizens of Coventry.

Prior to 1952, there were no Occupation Centres, Special Care Units, Sheltered Workshops or Hostels but thereafter the following establishments, together with appropriate staffs, were constituted and continue in use at August, 1969.

<i>Establishment</i>	<i>Year of Opening</i>	<i>Places Available</i>	<i>Staff</i>
Burns Road J.T.C.	1952	75	14
Wyken Grange Special Care Unit . .	1963	25	7
Adult Training Centre, Torrington Avenue	1960	120	14
Torrington House (Hostels) . .	1964	50	6
Torrington House (Sheltered Work- shops)	1964	93	7
Broad Park House :			
Junior Training Centre }	1965	30 }	10
Special Care Unit }		15 }	
Short Stay Home }		10 }	8*
		<hr/>	<hr/>
	TOTALS	418	66
		<hr/>	<hr/>

The above mentioned staff (other than four part-time included at *) are full-time appointments of Supervisors, Assistant Supervisors, Special Care Assistants, Trainee Assistants, Wardens, Assistant Wardens, Managers and Craft Instructors. Neither do they take account, however, of those many other full-time supporting staffs, i.e. clerical, cooks, domestic, drivers, gardener/handymen, nor of sessional workers, i e. doctors, nurses and social workers.

Conclusion

The Coventry Corporation is to be congratulated in that during the past 17 years, by endorsement of recommendations through its Health Committee, it has made the above community provisions available to a great many of its mentally subnormal citizens. For the most part they in turn have demonstrated, given the opportunity, a commendable aptitude to play a useful and satisfactory part in community life and relationships. Moreover, they have developed growing confidence, fulfilment and self-respect by their achievements — something which is to be much applauded and which in the pre 1952 era they had not the facility or encouragement to attain.

The Voluntary Effort

It would be remiss if the great helpfulness and persistence of the Coventry Society for Mentally Handicapped Children were not brought into the light of day.

Over the years, since the formation of the local Society in 1954, it has played a wonderfully supportive role and has demonstrated a tenacity, enthusiasm and dedication of purpose on behalf of the mentally subnormal. The efforts of its members — not least its executive committee — has frequently made possible the availability of supplementary items of equipment not otherwise easily forthcoming in toto from official sources. The supply of appropriate library books for trainee staff purposes; the considerable financial help towards holidays for subnormal trainees; for play and gymnastic equipment and, more latterly, their "pride and joy" a most desirable swimming pool and lofty hardtop covering dome within the Torrington Adult Centre grounds, are but a few examples of the Society's achievements.

The writer and his Health Department staff take opportunity to thank the Society most warmly for the ready liaison and co-operation, always so near at hand. The long standing good relationships between voluntary body and local authority is progressive, stimulating and mutually valued.

There are, too, other sources of voluntary assistance as for example the "anonymous benefactor" who has provided two minibuses for the recreational delight and educational purposes of the mentally subnormal, e.g. transportation to social meetings, camping and day trips, shopping and zoological expeditions, etc.

Praise also to the Wayfarers Club for its many activities in the way of social and recreational self-help and for its commendable liaisons with external youth organisations.

Coventry is indeed fortunate in the voluntary efforts and attainments forthcoming from so many good hearted people in the interests of its less fortunate subnormal citizens.

**CITY OF COVENTRY HEALTH DEPARTMENT
Community Services for the Mentally Disturbed**

Up to the time when the N.H.S. Act became operative the local provisions of the Mental Deficiency Acts and Mental Treatment Acts were carried out within the Coventry Public Health Department by authorised medical and lay staff.

From 5th July, 1948, the Local Authority became responsible for extended duties and it was necessary to reorganise the staffing and functioning of the Mental Health Section of the department. In addition, therefore, to the designated medical staff and a part-time Senior Authorised Officer, there were also appointed four full-time Authorised Officers who had either experience of caring for mentally sick persons or administrative experience of the Mental Treatment and Mental Deficiency Acts. These officers took over those duties previously vested in the former Relieving Officers through the Lunacy Act of 1890. Their duties were to be concerned with:

- (a) the visitation, certification and removal to hospital for treatment where necessary of persons of unsound mind;
- (b) duties and subsequent liaison concerned with the transference of "voluntary" and "temporary" patients to Mental Hospitals for treatment under the Mental Treatment Act, 1930;
- (c) the domiciliary visitation and supervision of mentally defective persons under guardianship care. Also for arranging, as necessary, their transference to authorised institutions.

From 1948 onwards there was a steady local increase of persons admitted to mental hospitals for treatment as voluntary patients. This trend was also evidenced by an increase in the number of Coventry patients needing Electro-Convulsive Therapy (E.C.T.) — so much so that, in 1949, a session for this purpose was arranged in the local authority's clinic at Gulson Road. This was doubly effective in that the previously long journey for patients from Coventry to Warwick for E.C.T. was eliminated. District Nurse assistance was assigned to the Consultant Psychiatrist in charge at the clinic.

In immediately succeeding years the number of patients voluntarily seeking admission to hospital for treatment continued steadily to increase. Moreover the attitudes of departmental health staff were progressively adjusted towards assisting those patients voluntarily seeking advice and treatment to achieve this at an early stage of their illness.

By the end of 1953, the proportion of Coventry patients admitted to the Central Hospital on a voluntary basis had reached 80% of total admissions from the City during that year. This was a most happy augury demonstrating, as it did quite pertinently, that the previous fears of "stigmatisation" were passing and that a more sensible and objective outlook was being taken by patients (and their relatives) towards their illness.

During the early years from 1948 onwards, liaisons and understanding were developing strongly between the local health authority's mental health staffs and those of the mental hospitals and psychiatric out-patient clinics — this to the great benefit of patients whether in hospital or in their own domiciles. Likewise links with general practitioners, with the Magistrates Clerk and with the Probation Officers were being strengthened continuously. There was friendly and most successful supervision by our social workers of patients on trial from mental hospitals and oftentimes too these officers found appropriate work for them.

By 1953 all our Authorised Officers had attended the N.A.M.H. Course arranged in conjunction with London University and, indeed, the training of staff was progressing in continuum whether from a practical or discursive point of view. Unfortunately at this stage, however, there were no clearly defined Central requirements relating to the standard of training for these officers and this made it most difficult for them to achieve more advanced qualifications.

In May, 1957, was published the Royal Commission's Report upon the Law Relating to Mental Illness and Mental Deficiency. This gave clear indication that Health Departments would derive increasing responsibilities in the community aspects of Mental Health work.

In 1959 the new Mental Health Act repealed the Lunacy and Mental Treatment Acts and the Mental Deficiency Acts. Nomenclature relating to "Mentally Deficient" persons was humanised and such terms as "lunatic", "idiot" and "imbecile" were erased so that all mentally afflicted persons were embraced in the term "mentally disordered persons". The anticipated powers for local authorities to develop their Community After Care Mental Health Services were now available whether in connection with the provision of appropriate buildings or of helpful field services.

On the 6th October, 1959, voluntary admissions to hospital under the Mental Treatment Act ended and "informal" admission was introduced under the new Mental Health Act. This meant that patients could be admitted to Mental Hospitals without the previous requirement to sign a statutory form requesting admission and treatment. This constituted a considerable advancement since the great majority of patients could now seek treatment informally and, most importantly, would develop personal encouragement to do so at an early stage of their illness — indeed a truly "preventive" outlook.

Equally too the growth of out-patient consultations in hospital psychiatric clinics would be stimulated (and indeed this duly proved to be the case). Circular 3/59, Ministry of Health, drew attention to the need for intensive co-operation between the Child Guidance and Child Welfare Services in relation to emotional problems and the recognition of early behaviour defects. Although this was much in mind for implementation by the end of the year, the Health Department found difficulty in recruiting qualified staff for the Child Guidance Centre. Representations had already been made with the Birmingham Regional Hospital Board for the early provision of a Child

Psychiatrist although the dearth of such consultants was readily appreciated.

In 1959 also a new post was created in the Coventry Health Department, that of Senior Mental Health Officer whose duty it would be to organise and supervise the day to day operational work of the Mental Health Social Workers.

On 1st November, 1960, the Lunacy and Mental Treatment Acts were no longer operative and admissions to Mental Hospitals and those to Hospitals for the Mentally Subnormal came within the provisions of the Mental Health Act, 1959.

Still greater intensity of co-operative effort was now the "order of the day" as between the local authority's Mental Health staffs and those of the appropriate hospitals and also with general practitioners.

A National "Mental Health Week" was called for in 1960 and the Coventry contribution to this effort took place in mid-July. This provided opportunity for the Coventry Health Committee, the Central Hospital, Warwick, the Coventry Society for Mentally Handicapped Children and the Coventry Council of Social Service, jointly, to publicise in various ways the work which they were doing and the services provided in the field of Mental Health.

Meetings too were arranged between representatives of the local authority and those of Group 14 and Group 20 Hospital Management Committees respectively. This gave opportunity, mutually, to agree on enhanced joint working patterns and the co-operative efforts of their respective Mental Health staffs.

Meanwhile a further Psychiatric Social Worker and two Mental Health Officers were appointed in Coventry. A two-years training course was established by the City Council at the Coventry Lanchester College of Technology. The facilities for practical training in the Coventry Health Department's Mental Health Section were made available to trainees from the course.

In January, 1960, a "pilot" experiment was commenced at the Tile Hill Health Centre whereat the services of a Psychiatric Social Worker were made available for one session per week to a group of three general practitioners. It was accepted that the guidance of a Consultant Psychiatrist would be sought whenever needed. By the end of the year G.P.'s had found much benefit to their patients through this arrangement and requests from other general practitioners for similar aid were soon forthcoming. This however was not possible of fulfilment until more P.S.W.'s were available. A P.S.W. was also assigned for a session each to a local authority and hospital ante-natal clinic respectively. This was to help identify early mental disorders associated with pregnancy. Thereafter appropriate referral to a Psychiatrist for consultative assessment and any necessary treatment would follow.

On 25th July, 1960, the Ministry of Health approved the City Council's "Mental Health Scheme" for the provision of Mental Health Services under

Section 28 of the N.H.S. Act, 1946. This would become operative on 1st November, 1960, and would be the local "blue-print" for still further advancements in the authority's mental health services.

During 1961 closer links between the Mental Health Section of the department and Child Guidance Service had developed. There was now firm involvement in the practical training of social work students from a number of courses both from the Lanchester College and from external sources also.

In 1962 there were four P.S.W.'s and five Mental Welfare Officers in post in the Coventry Health Department together with a trainee P.S.W. The greater availability of P.S.W. time was being progressively assigned and absorbed by the needs of mentally ill people in the community and to still greater liaison with the mental hospital and general practitioners on behalf of their patients. Four group practices were now provided with the sessional services of P.S.W.'s. At the end of the year plans were in an advanced stage for the opening of a *Day Centre* or "*Club*" for certain 'patients suffering from anxiety and withdrawal symptoms due to their mental state.

In early 1963 the above Club was opened at the Community Centre in Stoke Aldermoor under the guidance of a P.S.W. The Mental Health Social Worker Staff were now thirteen in post and five P.S.W.'s were sessionally attached to group practices involving some seventeen doctors.

N.B. It is appropriate here to remark that this fast developing arrangement was, nationally, quite unique and to those with practical experience of the arrangement had been of considerable value to the patients involved.

By the end of 1964, because the attendances at the Stoke Aldermoor "Club" had not quite come up to expectations, arrangements were under consideration for a transference to more central accommodation in the City. This duly took place in the Queen's Road Baptist Church Hall in 1964. There is an average now of 15 persons attending the sessions held (i.e. in August, 1969).

In training context helpful monthly case discussions were taking place as between the Hospital Psychiatrists and our Mental Health Social Workers — these at monthly intervals and alternating on Health Department premises and at Central Hospital, Warwick, respectively.

In mid 1966 approach was made to the Regional Hospital Board to explore the possibility of recruiting a Joint Consultant Psychiatrist for both hospital and community Mental Health requirements. Such an appointment would clearly have a strengthening influence in context with an integrated Mental Health Service for Coventry. Mutual agreement readily followed in due course and in 1968 a short list of applicants was interviewed by a Joint Sub-Committee. No appointment was made, however, and before the post was authorised for re-advertisement, the current economic crisis had its effect and the appointment was set aside for the time being. It does remain,

however, a first priority need — not least with the new Psychiatric Hospital pending and will come forward for review quite soon.

1967 and 1968 were years of consolidation, necessarily so in the light of the current financial position. Clearly there was departmental frustration resulting from the deferment of several schemes and the slowdown on further staff appointments: in 1969 it has not abated. The financial crisis has had a stunning effect in the attempt to achieve most necessary accommodational facilities which have been long in mind.

Meanwhile, however, it would be as well to count the “blessings” and these for the mentally disturbed in Coventry are not inconsiderable. Particularly should be remembered the build up of the department’s Mental Health Social Worker Service which in numerical size and scope is far ahead of those available to most other major Local Authorities. Moreover, this service has been of inestimable help also to psychiatric hospital staff and general practitioners alike in the overall interests of mentally sick people. It has undoubtedly brought support and encouragement to far greater numbers of needful citizens than could have been achieved in other ways.

There is nevertheless a real and immediate requirement for further day care provision and it is hoped most earnestly that, by one means or another, it will quickly be forthcoming.

At time of writing (August, 1969) the number of Mental Health Workers in post is 18, i.e. ten Psychiatric Social Workers and eight Mental Health Officers.

The provision of a new Psychiatric Hospital for Coventry was long overdue — even several years ago. Strong representations to the Regional Hospital Board in this connection were made but the matter did not really become unduly contentious since the need was recognised. This was a happy conclusion and it is understood that a commencement of the building will be under way before the end of the current financial year with availability in 1972.

Project Considerations

I have previously referred to the weekly E.C.T. Clinic session held for certain mentally disturbed Coventry patients at Gulson Road Clinic and which was initiated in 1949/50. The Clinic has continued on each Saturday morning right through to the present time and there has been a steady annual attendance, e.g. 327 treatments in 1950 and 358 in 1968.

Mention was also made of the “Psychiatric Social Club” started initially at the Stoke Aldermoor Community Centre and later transferred to the Queens Road Baptist Church Hall — with a present average of 15 members in attendance at each session.

It would I think be appropriate to mention a number of other projects which came under consideration from time to time during the past several years but most of which, unfortunately, have not come to fruition for reasons which will be indicated hereinafter.

- (a) In early 1961, the provision of a special type of purpose-built hostel for both day and residential care of mentally disordered elderly persons came under intensive consideration in conjunction with the consultant psychiatrists and geriatricians respectively. The Unit was to be orientated towards a period of limited stay and active rehabilitation of residents at the earliest possible moment. It was considered desirable that particular effort should be made to take in patients direct from the community before reaching a stage of complete social breakdown necessitating admission to hospital. The provision would be for 30 residents and 20 day attenders.

The proposal which was thereafter reported upon was accepted in principle by the Health Committee. It was then discussed at length on several occasions with Ministry of Health officials who expressed doubts and had reservations concerning the "limited stay" aspect. Discussions were protracted and inconclusive right up to 1965/66 and, consequently, the proposal ran into the period of financial stringency and was set aside for further consideration at some more financially acceptable time.

- (b) With the considerable growth of the Community Mental Health Field Services in Coventry, the need to provide adequate headquarters and administrative accommodation became acute. Moreover, intensive thought had been given to the development of a combined service to cater for adult mental health and for child guidance as an integrated entity.

Negotiations took place from 1961 onwards between Health and Education Departments and the desirability of such a comprehensive building was eventually agreed. It was also discussed at length, centrally, but it too ran into the period of financial stringency and the scheme was set aside indefinitely.

- (c) In 1963 a departmental proposal was submitted to the Health Committee for the adaptation of one of the redundant houses of the Home Nursing Service in Manor/Park Road for the after-care of up to ten female psychiatric cases deriving from Central Hospital, Warwick. This was to be for relatively short-stay purposes (six to 12 months) so that rehabilitation could take place under skilled care prior to the residents returning into a domiciliary community setting. Frustrating difficulties intervened, e.g. initial public objections to location, insufficient surety of adequate resident numbers and finally the acute economic situation — all had their prolonged effect in preventing an agreed solution being arrived at. Eventually in 1966 shortage of finance was responsible for the City Council deferring the project for the time being.

In 1965 a Group Home for up to four suitably adjusted female patients discharged from the Central Hospital, Warwick, was established in a council house at Blackwatch Road. These ex-patients would be self-supporting whether from the household point of view or in undertaking work in Remploy. The process of finding even four such patients, however, was fraught with considerable difficulty continuing over a long period. Nevertheless, the experiment did prove to be a most successful rehabilitative arrangement for the few ladies involved and it has continued most successfully to date.

N.B. In August, 1969, urgent continuing consideration is being given to the provision of extended Day Care facilities at the Queens Road Baptist Church Hall for certain other categories of mentally disturbed persons. These are people who for the most part will derive from the Central Hospital, Warwick, (but some directly from community situations also) and who are in need of continuing group therapy which can best be provided within a local "Care and After-care" setting.

It is envisaged that the arrangement will be a joint provision as between the Queens Road Church Committee (who are generously providing the necessary accommodation); the Group 8 Hospital Management Committee; the Coventry Branch N.A.M.H. and the Local Health Authority.

Here again, however, the current acute financial position has militated against the immediate fulfilment of the scheme. It is visualised nevertheless that the difficulty may soon be overcome for, by so doing, the project would greatly aid in the rehabilitation of at least a further 30 people who are urgently in need of such assistance.

Aims for the Future

These from the Health Department point of view are simple of statement and, it is believed with mutual goodwill, not too difficult of accomplishment. They will continue so to be directed towards such unity of purpose with hospital staffs, general practitioners and Voluntary effort alike that a vital first-class service can be readily operated in the best interests of any Coventry citizen who, mentally, has need of it. Inevitably, however, adequate finances must be made available so that necessary accommodation can be provided and additional trained personnel recruited for adequate Care and After-care requirements. In these times of acute financial crises will the money be quickly forthcoming? "There's the rub!"

Medical Officer of Health,
Health Department,
New Council Offices,
Earl Street,
Coventry.

August, 1969

CITY OF COVENTRY

Work of the
Public Health Inspectorate
during
1968

PUBLIC HEALTH INSPECTORATE

(31st December, 1968)

Chief Inspector	..	..	..	B. D. Allen, D.P.A., M.R.S.H., M.A.P.H.I.
Deputy Chief Inspector	..	..	..	D. H. Evans, M.A.P.H.I.
Divisional Inspectors				
District (North West)	..	..	..	T. E. Willmott, M.A.P.H.I. (Retired 4.11.68)
District (North East)	..	..	..	W. D. H. Kear, D.M.A., M.A.P.H.I.
District (South)	..	..	..	D. C. Norcliffe, F.A.P.H.I., M.R.S.H.
District (Central)	..	..	..	D. J. Wilson, M.A.P.H.I.
Housing	..	..	..	R. D. Hayne, M.A.P.H.I., M.R.S.H.
Housing	..	..	..	J. Lowe, M.A.P.H.I., M.R.S.H.
Food and Drugs	..	..	..	G. W. Lilley, M.A.P.H.I.
Meat	..	..	..	L. Himsworth, M.A.P.H.I.
District Inspectors	..	..	..	12 } (Establishment 17)
Housing Inspectors	..	..	..	3 }
Food and Drugs Inspectors	..	..	..	3
Meat Inspectors	..	..	..	2
Student Inspectors	..	..	..	9 (Establishment 10)
Technical Assistants	..	..	..	6 (Establishment 9)
Chief Public Health Inspector's Sec- retary and Senior Clerk	..	..	..	Mrs. G. M. Day
Shorthand Typist	..	..	..	Miss S. E. Brown
Senior Group Clerk	..	..	..	Miss L. A. Wheatley
Group Clerks	..	..	..	6
Junior Clerk	..	..	..	1
Pest Control Officer	..	..	..	G. M. Evans
Pest Control Operatives	..	..	..	3
Van Driver/Disinfector	..	..	..	1

PUBLIC PROTECTION COMMITTEE

as at May, 1968

Chairman Councillor M. B. Jones
Vice-Chairman Councillor H. L. Williams

Alderman R. W. Brain
Alderman W. F. Burdett
Alderman W. Parfitt
Alderman E. M. Rogers
Alderman H. Weston
Councillor K. H. Bassett
Councillor R. W. Elder
Councillor M. A. Goodwin
Councillor A. K. Hazell
Councillor J. P. Stoneman
Councillor A. W. Tandy
Councillor K. T. Wardle

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

B. D. ALLEN, D.P.A., M.R.S.H., M.A.P.H.I.

HOUSING

The World Health Organization has stated that public health agencies are legally and morally obliged to establish and conduct programmes which will create and maintain a level of environmental sanitation consistent with the health objectives of the nation. Until now the national policy has been to secure the demolition of old houses and replace them with new ones. The attendant disadvantage of this policy is only too obvious in the larger towns – a perpetuation of a stock of “twilight houses” i.e. those considered until now not worth extensive improvement but not bad enough to pull down.

The Government declared in 1968 a new policy in its White Paper “Old Houses into New Homes”. This is now before Parliament as a Bill. Clearly the stress is on the improvement of existing dwellings by repair and the provision of additional amenities.

Provision is made for environmental improvement which is an important factor in social well being but obviously it is not intended that this should be at the expense of house improvement. The emphasis on the need for additional amenities within the house is evident from the fact that the amount available for improvement grants is increased from £400 – £1,000. The environmental improvement figure is £100 per house, and this is a refreshingly new approach to a serious urban problem.

The Department will anticipate the proposed Housing Act by carrying out a ten per cent survey of houses in the older areas of the City to determine which will benefit most from an improvement programme. It is regrettable that compulsory improvement areas will be dropped. The voluntary improvements principle has failed, despite all the efforts of this and other local authorities. There still remain 4,000,000 houses in need of improvement and repair of which 17,000 are in Coventry.

In the light of what will undoubtedly prove to be a slow process, therefore, we have the problem of ensuring that those houses which are in serious disrepair are to be repaired and maintained in reasonable order until such time as they can be improved. The powers contained in the Housing Bill help considerably by extending existing local authority power to repair these houses; no longer will it be a condition that before the local authority can take action a house must so seriously be in disrepair as to be unfit for habitation. The simple fact of its being in need of repair will be sufficient to enable a notice to be served under the Housing Act. In this way the local authority can prevent houses becoming unfit.

In many cases, repairs will have to be carried out before an improvement grant can be contemplated but the cost of certain major repairs can now be considered for grant aid.

To the Public Health Inspector, without doubt the most important feature of the new Bill is the power to preserve housing stock before it can have a deleterious effect on an otherwise satisfactory environment. It should be remembered, however, that nothing in the White Paper or the Bill affects those houses which are beyond repair at a reasonable cost. The first duty of a local authority is to clear these unfit houses.

On the surface, the Government's new policy might appear to be a new concept in housing but the World Health Organization has long recognised that "the total environment of man is a dominant force in determining the level of his physical and mental health and his social well being. Housing is a part of the total environment and being a part it is to some extent responsible for the state of man's health and well being". The concern of the environmental health services as undertaken by the Public Health Inspector cannot be limited to bricks and mortar, clean air, clean food, etc. The inclusion of the word "health" in his title is a constant reminder of his goal, that "state of complete physical, mental and social well being, not merely the absence of disease or infirmity".

HOUSE CONDITION SURVEY

Number of premises selected (1% of total)		1,024
Number of houses inspected	1,010	
Number of houses demolished	7	
Number of houses which could not be identified	7	
	—————	1,024
Total number of house.		102,400

	Local Authority	Owner/ Occupied	Tenanted
	%	%	%
(i) Houses unfit and incapable of being rendered fit at reasonable expense ..	—	0·4	1·4
(ii) Houses unfit and capable of being rendered fit at reasonable expense ..	0·1	0·2	0·6
(iii) Houses not unfit but unsatisfactory by lack of amenities	2·5	8·8	5·6
(iv) Houses not unfit	14·4	31·1	4·2
(v) Houses satisfactory in all respects ..	5·4	24·4	1·1

Results determined by sampling methods outlined in the Denington Report "Our older homes — a call for action", 1966.

HOUSES IN MULTIPLE OCCUPATION

Routine visits have been continued during the year to houses known to be in multiple occupation or in respect of which limits had previously been imposed on the number of occupants, although not as much work was carried out as in the previous year due to an increase in clearance work.

There are no indications that an increasing number of houses are becoming overcrowded and it has been a relatively easy task to control what overcrowding was found. As anticipated we are now able to give more attention to the larger type of house, the "permanent" houses in multiple occupation in which the provision of additional amenities is more needed than a reduction in the numbers of occupants, a case of dealing with over-occupation as distinct from overcrowding.

Formal action was taken in respect of 101 different premises :

(i)	for the provision of additional amenities	..	..	..	32
(ii)	for the provision of satisfactory means of escape from fire				51
(iii)	to prevent or reduce overcrowding	..	..	..	48
(iv)	to apply a management code	..	..	..	6
(v)	to make good neglect of proper management	..	..		17
(vi)	for the provision of information	..	..	..	293
(vii)	in respect of general disrepair	..	..	..	56

A total of 23 summonses were issued of which one was subsequently withdrawn and one set down for hearing in 1969; of the remainder —

2 related to non-provision of rent books,

3 related to failure to give information,

1 related to failure to make good neglect of proper management,

1 related to failure to provide satisfactory means of escape from fire,

4 related to failure to carry out repairs, and

11 related to overcrowding.

Two of the overcrowding summonses were dismissed, both due to a lack of proper identification.

A total of £183 was imposed in fines and 1 nuisance order granted by the magistrates. Costs amounting to £47 14s. 0d. were awarded to the local authority, and £15 15s. 0d. against.

Repairs were carried out in default of owners in 3 instances.

HOUSING WORK 1968

Houses Repaired

By owners following informal action by L.A.	..	..	..	..	174
By owners following formal action by L.A.	..	..	..	..	291
By L.A. in default of owners	..	..	..	..	7
					<hr/> 472 <hr/>

Action taken in respect of individual houses which were unfit for human habitation and incapable of being rendered so fit at reasonable expense, is set out in the table below.

Number of under-takings accepted	Number of Closing Orders made (26 of which were in confirmed C.P.O.s)	Number of Closing Orders made on parts of houses	Number of Closing Orders determined	Number of Closing Orders revoked and Demolition Orders substituted	Number of Demolition Orders made	Number of houses demolished following Demolition Orders
Section 16	Section 17	Section 18	Section 27	Section 28	Section 17	Section 23
5	50	1	1	3	38	28

Groups of unfit houses which were dealt with under the provisions of the Housing Act, 1957 relating to clearance areas were as follows.

Number of areas	Number of houses unfit for habitation	Number of houses included by reason of bad arrangement	Number of houses on land acquired under Section 43(2)	Number of people to be displaced	
				Individuals	Families
12	180	Nil	Nil	397	141

The result of action taken is shown below.

Number of houses demolished by local authority or owner		Number of people displaced	
Unfit	Others	Individuals	Families
65	Nil	139	52

IMPROVEMENT OF HOUSES

Standard Grants

Number of Applications					
Received		Approved		Refused	
Owner Occupied	Tenanted	Owner Occupied	Tenanted	Owner Occupied	Tenanted
538	221	515	172	Nil	Nil

Number of Dwellings improved		Amount paid in grants	Average grant per house
Owner Occupied	Tenanted		
502	150	£53,153 1s. 5d.	£81 10s. 0d.

Amenities provided with the aid of standard grants.

Fixed Bath	Shower	Wash Hand Basin	Hot Water Supply	W.C. within dwelling	W.C. accessible from dwelling	Food Store
226	Nil	377	557	400	Nil	149

Discretionary Grants

Applications received		Applications approved		Applications refused	
Owner Occupied	Tenanted	Owner Occupied	Tenanted	Owner Occupied	Tenanted
47	11	51	17	Nil	Nil

Number of Dwellings improved		Amount paid in grants	Average grant per house
Owner Occupied	Tenanted		
33	20	£13,723 0s. 0d.	£259 0s. 0d.

HOUSING STATISTICS FOR THE YEAR 1968

Number of houses which on inspection were found to be not in all respects fit for human habitation	777
Number of houses in which the defects were remedied in consequence of informal action by the Local Authority or their officers	174
Number of reports made to the Local Authority with a view to :	
(a) the issue of notices requiring the execution of works ..	298
(b) the making of Demolition Orders or Closing Orders ..	81
(c) the making of Clearance Orders	180
(d) the inclusion in Declaration of Unfitness Orders ..	44
Number of notices served requiring the execution of works ..	472
Number of houses which were rendered fit after the service of formal notices	298
Number of Demolition or Closing Orders made	88
Number of houses in respect of which an undertaking was accepted under Section 16 of the Housing Act, 1957 ..	5
Number of houses demolished	216

The City Architect and Planning Officer kindly gives the following information concerning new dwellings:

(a) Number of new dwellings erected during the year ..	2,035
(b) With state assistance under the Housing Acts	1,004
(i) By Local Authority	1,004
(ii) By other bodies or persons	Nil

REHOUSING

Number of applicants on waiting list, 1st January, 1968 ..	5,865
Number of applicants on waiting list, 31st December, 1968	5,633
Number in Category A (First Priority)	3
Number in Category B (Second Priority)	6
Number in Category C (Third Priority)	4,633
Number in Category D (Fourth Priority)	991
Number of families rehoused during the year and applications cancelled	3,001
From Category A	4
From Category B	835
From Category C	1,884
From Category D	278

FOOD AND DRUG SAMPLES STATISTICS

	1967	1968
Total Number of Samples	1256	1572
Number of samples unsatisfactory	149	148
Percentage found to be unsatisfactory	11·87%	9·42%
Milk Samples	717	726
Number of samples unsatisfactory	72	63
Percentage found to be adulterated	0·56%	1·10%
Percentage found to be deficient of milk fat or milk solids other than milk fat	8·37%	5·65%
Percentage found to contain antibiotics	1·12%	1·93%
Samples of Food excluding Milk	424	724
Number of samples unsatisfactory	61	70
Percentage found to have unsatisfactory label	6·13%	4·14%
Percentage found to be adulterated	8·26%	5·53%
Samples of Drugs	115	122
Number of samples unsatisfactory	16	15
Percentage found to have unsatisfactory labels	2·61%	3·28%
Percentage found to be adulterated	11·30%	9·02%

FOOD SAMPLES

	1967	1968
Total number of food samples	424	724
Number of samples unsatisfactory	61	70
Number found to have unsatisfactory labels	26	30
Number found to be adulterated	35	40

A series of samples of boiled sweets revealed the presence of non-permitted colouring matters. One sample contained a colour formerly permitted by Regulations in 1957, but which was removed from the list of permitted colours in the 1966 Regulations. In the other cases the colouring matters used were not permitted by any Regulations. Legal proceedings are to be taken against one manufacturer for the use of non-permitted colours.

A number of samples of Corned Beef revealed the presence of lead in excess of the amount permitted by the Lead in Food Regulations, due to faulty canning solder from the side seam of the can which came into contact with the meat. In each case the Corned Beef was canned in countries outside the United Kingdom.

Excessive lead was also found in Ice Lollies, a favourite purchase of children. The lead in this instance was found after intensive investigation to be in the wrapping material. This was finally traced by the Analyst to the printing ink used on the labels of the product. The manufacturers immediately withdrew all remaining stocks of this wrapping material. Lead is a toxic metal, it accumulates in the body, and mankind is increasingly exposed to risk of such poisoning due to the continuing contamination of our environment. Lead is found not only in food, but also in the air due to motor vehicle exhausts. The closest care must be taken to safeguard the public.

A sample of Baby Food, taken as a result of a consumer complaint, and sold from a cut price market stall, was found to be deficient of its declared vitamin content and also to contain an excess of moisture. It is a matter of great concern that the expiry date for the product, printed on the carton by the manufacturer, had been altered by someone from October 1967 to October 1968. It is difficult for an ordinary person to comprehend the meanness of such an act, which could adversely affect the welfare of a little baby. A prosecution was taken in respect of this sample and the fine was £10.

The defects noted on labels were, in the majority of cases, only of minor significance and the various manufacturers of the products have indicated their willingness to amend the labels where necessary. In some instances objection was made to the label having regard to the Food Standards Report on claims and misleading descriptions. Amongst these was the use of the word "Instant" in relation to jellies and powdered milk. In the case of the jellies the position of the word instant on the label indicated that the product was "instant" whereas the setting time in fact was 40 minutes.

MILK SAMPLES

Total number of milk samples	..	..	..	..	..	726
Number unsatisfactory	..	..	..	..	..	63
Number found to be adulterated	..	..	..	..	..	8
Number found to be deficient of milk fat or solids not fat	..					41
Number found to contain antibiotics	..	..	..	..		14

Concern was expressed in last year's report about the low quality of some raw milk coming into the processing dairies in the City. There has been a slight improvement during 1968, but 11.9% of these samples were still found to fall short of the standard laid down in the Sale of Milk Regulations, 1939. It is disappointing that the improvement was not greater, but the problem of improving the quality of milk requires careful animal husbandry over a period of time.

Fortunately, the consumer is safeguarded against low quality by the mixing of bulk supplies, so that good quality milks balance the low, and the milk in bottle is usually up to standard.

During the foot and mouth outbreak a number of samples of raw Channel Island milk were found to be adulterated with added water. It was not advisable to visit the farm because of the outbreak, but it was later established that the water had gained access to the milk through a leaking cooler. This was renewed and subsequent samples were found to be satisfactory.

It is deplored that 4.1% of raw milk samples were found to contain antibiotic residues. In the autumn of 1966, 1967 and 1968, farmers sending milk into the City were notified of the health hazards from the drinking of milk containing antibiotic residues following the treatment of mastitis in dairy cows. For two years the number of positive samples dropped, but the figure of 4.1% for 1968 is disappointing.

Two prosecutions for antibiotics in milk were taken under the provisions of Section 2 of the Food and Drugs Act, 1955 and fines of £25 and £30 were imposed on the farmers concerned. A third prosecution will be heard in the early part of 1969.

The problem of antibiotics in milk is obviously one which is going to be extremely difficult to overcome. It requires care both on the part of the farmer and his cowman, and manufacturers of antibiotic preparations have their part to play by ensuring that their products are properly and conspicuously labelled, giving instructions for the exclusion of milk for sale for the requisite time.

After representations from the Public Health Inspector's Department, one manufacturer agreed to amend a confusing label on antibiotic preparations so as to remove any element of doubt.

Perhaps the most efficient way of dealing with this problem would be by the use of a suitable dye in the antibiotic preparation, which would colour the milk and indicate clearly to the farmer that the milk probably contained antibiotic residues. It is understood that such a dye is incorporated in antibiotic preparations in Australia and the U.S.A., and it is hoped that a suitable dye will soon be available in the U.K.

DRUG SAMPLES

Total number of samples	..	..	..	..	..	..	122
Number unsatisfactory	..	..	..	..	..	..	15
Number unsatisfactory due to labelling	..	..	..	..	..	..	4
Number adulterated	..	..	..	..	..	..	11

The samples of drugs taken during the year included antibiotics' analgesics, antacids, cardiovascular reactants, dermatological preparations, diuretics, eye preparations, oral contraceptives, thyroid preparations, vitamin preparations and drugs which act on the respiratory and central nervous systems.

One sample of Emulsion of Liquid Paraffin and Phenolphthaleine was found to be substantially deficient of Phenolphthaleine. The cause of the deficiency was long storage in a bulk container, allowing the contents to separate before dispensing took place. The exhortation to the customers by the chemists' label to "shake the bottle well" was not in this case followed by the chemist himself. The contents of the container were destroyed as all subsequent division would have produced inaccurate medicines. Steps have been taken to notify all dispensing chemists to be aware of errors of this nature.

The labelling of certain cough mixtures gave rise to concern as the dosage was ill defined and could lead to an overdose being taken. This once again was the confusion caused by the varying size of teaspoons to meet dosage instructions. It is pleasing to record that the introduction of the metric system in the near future for medicine dosage will eliminate risks such as this. Plastic spoons of measured dosage will be provided with medicines.

In October the Medicines Act, 1968 became law. The effect of this Act, when in force, will be to repeal the provisions of the Food and Drugs Act, 1955 with respect to drugs. The Medicines Act re-enacts these provisions and considerably expands them. Provision is also made for the control of veterinary drugs. The Act further allows Regulations to be made to regulate the manufacture, transportation, storage, sale and supply of medicinal products.

The Act is to be enforced by the Ministers of Health and Agriculture, Fisheries and Food, who, by order in council, may empower Food and Drugs Authorities or the Pharmaceutical Society or both to enforce the Act concurrently with them. Until that Order is made the duties, if any, of the Department are not known. It is hoped, however, that Food and Drugs Authorities will be allowed to continue and expand their work in this field.

FOOD CONTROL

Foreign Matter in Food

During 1968 forty-four complaints were received concerning the presence of extraneous matter in food.

The most frequent items found were insects (adult and larval stages), including caterpillars, maggots and flies. Two complaints were made within the space of two days concerning the presence of maggots

in flour, and investigation revealed that they were the larval stage of the Flour Moth. A number of packets were found to be infested in the shop, and it was found that the bulk flour at the bakery was infested and further that the stocks had been retained in the shop for some time, thus allowing the eggs to hatch.

Some fourteen complaints involved bread, and these contained a range of foreign material from old dough stained with lubricant (due to inefficient plant cleaning) to glass and metal.

Two packets of Gravy Browning sold in a City Supermarket were found to contain an assortment of debris, including matchsticks, coke, a pin and pieces of polythene wrapping paper. The whole matter strongly resembled floor sweepings. It was found that a number of employees at the store had recently been dismissed and were on notice. The store manager felt that the presence of this rubbish was due to an act of sabotage by some disgruntled employee in the shop. The system of filling at the factory was checked and proved to be foolproof.

It is disturbing to catalogue year after year complaints about foreign matter in food and to realize that little improvement appears to be taking place. In the majority of cases their presence in food is the result of negligence and carelessness. Greater care must be exercised both by management and employees, and consideration should be given to the installation of more automatic detector devices.

Unfit Food

Food Inspection					Unsound Food Surrendered or Condemned				
					Tons	Cwts.	Qrs.	Lbs.	Ozs.
Meat and Meat Products	..	..			2	0	0	6	10
Canned Meats	..	..	..	..	2	1	0	3	10
Fish	..	..	..	..	2	7	1	19	14
Fruit and Vegetables	..	..	..		13	12	1	13	2
Other Foods	..	..	..	..	2	15	2	13	1
TOTAL					22	16	2	0	5

A total of eighty-nine complaints have been received concerning the fitness for consumption of fifty-one varieties of food products. The principal causes for complaint concerned mould (forty occasions) and decomposition (thirty-one occasions). Twenty-five complaints involved meat products (pies, sausages, etc.), and twenty-three bread and confectionery. The presence of mould and decomposition are indicative of age and invariably reveals a failure to rotate stocks. In one instance such failure was found at the manufacturers' warehouse, when a consignment of Fruit Pies was delivered to a store in the City at the end of the shelf life recommended by the manufacturers themselves.

It was necessary on many occasions to seize unfit food found on sale in shops in the City, which was subsequently condemned by Magistrates. In the most serious incident a turkey and eighteen chickens were found to be unfit for human consumption during a routine inspection of a self service store.

It is regretted that in spite of the help and advice given by the Public Health Inspector's Department, shopkeepers still do not exercise sufficient care to ensure the fitness of all the food they sell. In certain instances this may be due to ignorance – such persons should not be operating a food business until they are better informed.

Prosecutions

Section 2, Food and Drugs Act, 1955	..	..	..	..	..	6
Section 8, Food and Drugs Act, 1955	..	..	..	..	..	17
Total Convictions	..	..	..	..	..	22
Total Fines and Costs	..	..	..	..	..	£579 6s. 0d.

BACTERIOLOGICAL EXAMINATION OF FOOD

During the year forty-one samples of food were submitted to the Public Health Laboratory for detailed bacteriological examination.

A number of samples were taken in connection with a suspected outbreak of food poisoning. The samples, on examination, however, were not found to be infected with food poisoning organisms. It was possible to exonerate quickly food as the cause of illness because sample meals were retained for forty-eight hours at the premises concerned. This is a good practice for all catering establishments to follow and they are strongly recommended so to do.

In October, following cases of poisoning in North England and as a result of information received from the Ministry of Health, a search was made in the City for mussels imported from Denmark. It was reported that the mussels from certain layings off the Danish coast were contaminated with an organism called *Gymnodium Brevae* and that if consumed, infected mussels could cause a severe form of poisoning leading to paralysis. After 385 visits and 110 telephone calls, it was established within twenty-four hours that none of the suspected mussels were being sold from shops in the City.

It was, however, discovered that shellfish vendors from outside the City were visiting public houses and were selling Danish mussels. The mussels were brought in from Southport for sale in public houses on Friday and Saturday evenings. It was established by means of telephone calls to Southport and Grimsby (port of entry) that the mussels were, in fact, not part of any suspect consignment.

In addition to the sampling of food referred to above, a large number of bacteriological specimens were taken from food premises in the City. Such specimens are obtained by a special technique. The medium is then incubated and any bacterial colonies grown. The specimens are then taken back to the premises and shown to food handlers working there. At the same time the significance of the colonies is explained, and the importance of not only cleansing but sterilising working surfaces and items of equipment is emphasised. Where bad results are obtained, a cleansing and sterilising technique is outlined to both mangement and staff. This normally produces gratifying improvement which is shown in repeat sampling.

This technique was during the year used to show the dangers of cross infection from raw meats to cooked meats. Using the medium it was established that bacteria, including groups liable to cause food poisoning, exist on the surface of cured bacon. If the bacon is allowed to come into contact with cooked meats, either on display or in a refrigerator, dangerous cross contamination can occur. It also indicates the necessity for cleansing and sterilizing slicing machines used for slicing bacon. Public health workers have always stressed that bacon should be handled as a raw meat and all necessary precautions taken to protect other cooked and prepared foods from contact with bacon. Attention is drawn to a court case under the heading 'Food Hygiene' in the report.

MILK

It is estimated that the quantity of milk processed daily in the City is 28,800 gallons, and in addition 10,200 gallons are processed in other areas and distributed in the City. Of this total, 6,000 gallons of milk are sent to Rugby, Leamington Spa, Kenilworth, Bedworth and other areas each day.

The 39,000 gallons of milk are made up as follows :

Pasteurised Milk	..	..	..	..	..	..	..	..	32,000
Channel Island Pasteurised Milk	..	..	..	..	..	..	..	..	1,700
Sterilised Milk	..	..	..	..	..	..	..	..	5,300
Untreated Milk	..	..	..	..	..	..	..	..	Nil
Ultra Heat Treated Milk	..	..	..	..	..	..	..	..	2

Purveyors of Milk

Number of Retail Purveyors selling milk in the City :									
Wholesale and Retail Dairymen	..	..	..	..	..	..	..	..	50
Retail purveyors selling bottled milk only from shop premises	..	..	..	..	..	..	..	..	532

Designated Milk

The following table sets out the number of licences in force at the end of the year :

Pasteurised Milk – Pasteurisers Licences	3
Pasteurised Milk – Dealers Licences	531
Sterilised Milk – Dealers Licences	567
Untreated Milk – Dealers Licences	182
Ultra Heat Treated Milk – Dealers Licences	3

The following table indicates the results secured from samples of designated milk which were subject to the prescribed tests :

Designation	No. of Samples Obtained	No. Satisfactory	Total Unsatisfactory
Pasteurised	199	199	Nil
Pasteurised C.I.	90	90	Nil
Sterilised	101	101	Nil

Brucella Abortus

The following samples of ex-farm milk were submitted for examination for the presence of Brucella Abortus. The samples were taken from farm consignments on arrival at the various processing dairies in the City.

Number of supplies of raw milk examined	20
Number of positive samples found	3

The positive samples found were referred to the appropriate local authority, and to the Ministry of Agriculture, Fisheries and Food. The farmer was notified of the results and advised to boil any of the raw milk which might be consumed on the farm. The supplies of milk which were found to be positive had all been consigned to processing dairies in the City for pasteurisation.

Ice Cream (Heat Treatment etc.) Regulations 1959 and 1963

During the year eighty-eight samples of ice cream were obtained and submitted to the Public Health Laboratory for examination for bacteriological cleanliness.

The samples taken during the year were graded as follows :

Grade 1	65	Satisfactory
Grade 2	10	
Grade 3	6	Unsatisfactory
Grade 4	7	

Half of the unsatisfactory samples were taken from one manufacturer in the City. The failures were inadequate cleansing and sterilisation of equipment used in the manufacture of ice cream. Advice was given and subsequent samples were satisfactory.

The bacteriological quality of ice cream sold from vehicles in the City improved during the year, but it is still necessary to emphasize the care which must be taken in the cleansing and sterilising of freezing machines.

In 1967 the number of unsatisfactory samples amounted to 31% of the total. During 1968 this figure fell to 14%. Whilst it is pleasing to record this improvement, the number of unsatisfactory samples is still too high, and though ice cream has not been involved in outbreaks of food poisoning since pasteurisation regulations were made, it must be remembered that it is still potentially a dangerous product. It is essential, therefore, that the utmost care and vigilance be exercised by all persons engaged in the manufacture, distribution and sale of ice cream if the product is to remain "safe".

FOOD HYGIENE

During the year 6,219 inspections were made of the various food premises in the City. As a result of these inspections it was necessary to serve 911 notices in respect of 3,077 contraventions of the Food Hygiene (General) Regulations, 1960. Legal proceedings were taken on 32 occasions, and these resulted in fines and costs totalling £681 2s. 0d. being imposed on the defendants.

Attention has been paid during the year to the use of slicing machines. It has been found that many shopkeepers have been using one slicing machine for cutting both bacon and cooked meats. It has been proved that bacon, in spite of the fact that it is salt cured, can and does support the growth of bacteria of a type that may be harmful to man. If, therefore, bacon is sliced first and the same slicing machine is then used without being cleansed and sterilized for slicing cooked meats, dangerous contamination may well occur. A number of notices for using slicing machines in this way have been served under the provisions of Regulation 8. Shopkeepers are advised to use separate slicing machines, but failing this to ensure that the machine is thoroughly cleansed and sterilized immediately before it is used for cooked meats, after slicing bacon.

Another unhygienic practice which was noted and made the subject of legal proceedings concerned the handling of live poultry in a food shop in the City. The proprietor of the business allowed her customer to choose a chicken for consumption whilst the bird was still alive. This transaction was carried out in the retail shop, and the

shop scales were used to weigh the bird. The shopkeeper then handled open food without either cleansing the scales or washing her hands. She was fined £20 for these offences.

During the year more attention has been given to the condition of food vending machines. These are principally used in factories and it is good to record that the general standard is high.

Industrial catering is, in a City like Coventry, big business and outbreaks of food poisoning from food consumed in factory canteens could have far reaching effects. The standard in canteens is generally satisfactory. Every opportunity is taken to advise food workers engaged in this type of catering on the need for personal hygiene.

Smoking by bar staff in licensed premises still gives rise to concern, and the licensees and breweries have been written to and warned that if the practice is continued the offenders risk prosecution. A prosecution could involve both the smoker and the landlord as the person in control of the staff.

The inspection of food premises can at times be physically hazardous as one Inspector found to his cost. Whilst carrying out an inspection of a public house, an Inspector was bitten by the landlord's Alsatian dog. His trousers were severely damaged and his leg injured. Fortunately after receiving medical treatment the injury soon healed. The Inspector now takes a personal interest in the campaign to keep dogs out of food premises!

Progress in improving the standards of hygiene continues to be very slow, and though battles are won, the war on dirt and apathy to Food Hygiene is a long way from being won. This must be so when grossly unsatisfactory conditions, like those which were found in one large supermarket exist. Within the space of forty-eight hours the premises had been thoroughly cleaned. The prime cause of the conditions was inadequate storage space which was so overcrowded as to make routine cleaning extremely difficult. Cleanliness is at the centre of hygiene and to secure it cleaning must be a continuous operation. Untidiness today leads to dirt tomorrow. It is, therefore, essential to "clean as you go".

It is regretted that the Coventry Consumer Group have ceased their operations because the public can play such a big part in securing better conditions. The public, like the Public Health Inspector, should demand Clean Food from Clean Persons in Clean Premises and accept no other standard.

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

Premises	No. of Premises	No. fitted to comply with Reg. 16	No. to which Reg. 19 applies	No. fitted to comply with Reg. 19
General Food Shops	1,451	1,451	1,426	1,426
Cafes and Restaurants	154	154	154	154
Confectioners	378	378	378	378
Fish Friers	77	77	77	77
Butchers' Shops	271	271	271	271
Markets	3	3	3	3
Canteen Kitchens.. ..	115	115	115	115
School Kitchens	125	125	125	125
Bakehouses	24	24	24	24
Cooked Meat Manufacturers ..	149	149	149	149
Food Warehouses	26	26	26	26
Public Houses	267	267	267	267

LEGAL PROCEEDINGS TAKEN BY THE DEPARTMENT UNDER THE FOOD AND DRUGS ACT, THE FOOD HYGIENE (GENERAL) REGULATIONS AND THE FOOD HYGIENE (MARKETS, STALLS AND DELIVERY VEHICLES) REGULATIONS

Section 2 – Food and Drugs Act, 1955

<i>Offence</i>	<i>Result</i>	<i>Fine</i>	<i>Costs</i>
Sale of tongue containing a needle. Vendor brought Manufacturer before Court under provisions of Section 113	Vendor dismissed. Manufacturer convicted	£10 0s. 0d.	£3 3s. 0d.
Sale of Blackcurrant Tart containing a piece of metal.. ..	Convicted	£15 0s. 0d.	£4 14s. 6d.
Sale of milk containing antibiotic residues	Convicted	£25 0s. 0d.	£5 5s. 0d.
Sale of milk containing antibiotic residues	Convicted	£30 0s. 0d.	£5 5s. 0d.
Sale of a Cornish Pasty containing a nail	Convicted	£20 0s. 0d.	£4 4s. 0d.
Sale of Baby Food not of the quality demanded	Convicted	£10 0s. 0d.	£5 5s. 0d.
	TOTAL	£110 0s. 0d.	£27 16s. 6d.

Section 8 – Food and Drugs Act, 1955

<i>Offence</i>	<i>Result</i>	<i>Fine</i>	<i>Costs</i>
Sale of two Steak Pies which were unfit for consumption ..	Convicted	£5 0s. 0d.	£3 3s. 0d.
Sale of Beef Sausages which were unfit for consumption ..	Dismissed		
Having in possession for the purposes of sale Cheese which was unfit for consumption ..	Convicted	£50 0s. 0d.	
Having in possession for the purposes of sale Bacon and Jellied Veal which were unfit for consumption	Convicted	£50 0s. 0d.	
Sale of Steak and Kidney Pie which was unfit for consumption	Convicted	£15 0s. 0d.	£5 5s. 0d.

<i>Offence</i>	<i>Result</i>	<i>Fine</i>	<i>Costs</i>
Sale of a Pork Pie which was unfit for consumption	Convicted	£15 0s. 0d.	£4 14s. 6d.
Having in possession for the purposes of sale a Turkey, 18 Chickens and Beef unfit for consumption	Convicted	£30 0s. 0d.	
Sale of Gateau which was unfit for consumption	Convicted	£20 0s. 0d.	£3 3s. 0d.
Having in possession for the purposes of sale a Chicken, Meat and Sausages which were unfit for consumption	Convicted	£25 0s. 0d.	£3 3s. 0d.
Having in possession for the purposes of sale Margarine which was unfit for consumption	Convicted	£20 0s. 0d.	£3 3s. 0d.
Sale of Sausage Rolls which were unfit for consumption ..	Convicted	£25 0s. 0d.	£3 3s. 0d.
Sale of a Savoury Pie which was unfit for consumption	Convicted	£5 5s. 0d.	£3 3s. 0d.
Sale and having in possession for sale Fruit Pies which were unfit for consumption	Convicted	£40 0s. 0d.	£4 4s. 0d.
Sale of Fondant Fancies which were unfit for consumption ..	Convicted	Absolute Discharge	
Sale and having in possession for sale Black Puddings which were unfit for consumption ..	Convicted	£20 0s. 0d.	
Sale of Bread which was unfit for consumption	Convicted	£40 0s. 0d.	£3 3s. 0d.
Sale and possession for sale of Pork Pies which were unfit for human consumption	Convicted	£40 0s. 0d.	£5 5s. 0d.
	TOTAL	£400 5s. 0d.	£41 9s. 6d.

Food Hygiene (General) Regulations, 1960

<i>Regulation</i>	<i>Offence</i>	<i>Result</i>	<i>Fine</i>	<i>Costs</i>
5, 6 and 23	Insanitary condition of yard ; articles of equipment not kept clean ; floor, walls and ceiling of food room not kept clean	Convicted	£160.0s.0d.	
5 and 8	Proceedings were taken against the Company for carrying on a food business in insanitary premises and for allowing food to be so placed as to involve the risk of contamination. The Shop Manager was prosecuted for so placing food as to involve risk of contamination	Company convicted. Manager convicted.	£75.0s.0d. £20.0s.0d.	£10.10s.0d.
5, 6 and 14	Food business in insanitary premises ; articles of equipment not kept clean ; sanitary accommodation not kept clean.	Convicted	£35.0s.0d.	£5.5s.0d.
5 and 16	Food business in insanitary premises ; failure to provide a wash hand basin	Convicted	£15.0s.0d.	
5, 6, 8, 14, 16, 17, 21 and 23	Insanitary condition of yard ; articles of equipment not kept clean ; placing food so as to involve the risk of contamination ; sanitary accommodation not kept clean ; failure to supply hot water to wash hand basin ; failure to provide first aid materials ; absence of adequate ventilation ; floor and walls of food room not kept clean	Convicted	£82.0s.0d.	£5. 5s.0d.
6, 8, 16, 19 and 23	Articles of equipment not kept clean ; food so placed as to involve the risk of contamination ; wash hand basin not maintained ; dirty condition of sink ; shop floor not kept in a clean condition	Convicted	£130.0s.0d.	£15.15s.0d.
8 and 9	Food so placed as to involve the risk of contamination ; smoking whilst handling food	Convicted	£25.0s.0d.	£2. 2s.0d.
8	Placing food so as to involve the risk of contamination	Convicted	£25.0s.0d.	£10. 0s.0d.

<i>Regulation</i>	<i>Offence</i>	<i>Result</i>	<i>Fine</i>	<i>Costs</i>
14, 16, 19 and 23	Sanitary accommodation not kept clean; wash hand basin not kept clean; failure to provide supply of hot water, soap, nailbrush and clean towel to wash hand basin; failure to supply hot water to sink; walls, door and windows of food room not kept clean.	Convicted	£25.0s.0d.	£5. 0s.0d.
14 and 23	Sanitary accommodation not kept clean; floor and walls of food room not kept clean	Convicted	£30.0s.0d.	£5. 5s.0d.
		TOTAL	£622.0s.0d.	£59. 2s.0d.

Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966

<i>Regulation</i>	<i>Offence</i>	<i>Result</i>	<i>Fine</i>	<i>Costs</i>
8	Smoking whilst handling food . .	Convicted	£10.0s.0d.	
8	Smoking whilst handling food . .	Convicted	£10.0s.0d.	£4. 4s.0d.
13, 16 and 18	Name and address not displayed on vehicle; failure to supply hot water to wash hand basin; failure to provide a sink	Convicted	£9.0s.0d.	
25	Being a person in charge of a stall, permitted an employee to smoke whilst handling food	Convicted	£10.0s.0d.	£3. 3s.0d.
		TOTAL	£39.0s.0d.	£7. 7s.0d.

FOOD AND DRUGS ACT, 1955 Registration

The number of premises registered under the provisions of Section 16 of the Food and Drugs Act, 1955 is set out below :

Number of Premises on the Register – 1st January, 1968	1396
Number of Premises added during the year	79
Number of Premises discontinued during the year	—
Number of Premises on the Register – 31st December, 1968	1475

The premises referred to in the above table are qualified as follows :

Premises registered for the manufacture of ice cream	11
Premises registered for the storage and sale of ice cream	1098
Premises registered for preserved foods	268
Premises registered for the cooking of fish	98

BAKEHOUSES

The table below shows the number of bakehouses in the City operating on 31st December, 1968, and the number of inspections which were carried out during the year.

Number on Register – 1st January, 1968	23
Number closed during the year	2
Number of changes in occupation	Nil
Number of new bakehouses opened	3
Number on Register – 31st December, 1968	24
Number of Inspections carried out during year	151
Number of contraventions (Food Hygiene)	118

There has been a marked improvement in the standard of hygiene maintained in bakehouses in the City during the year. Talks have been given to both management and those who work in bakehouses explaining the dangers which are associated with unclean conditions.

Whilst it is pleasing to record improvements, there is no room for complacency. The maintenance of hygienic conditions is a continuing process and requires continuous care throughout each working day from both management and staff.

LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

Number of Egg Pasteurisation Plants in the District	Nil
Number of Samples of Liquid Egg submitted to Alpha-Amylase Test	2

Both samples of liquid egg were found to satisfy the Alpha-Amylase Test.

FOOD HAWKERS

During the year 704 inspections were carried out of stalls, mobile shops, vending machines and delivery vehicles under the provisions of the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966, when 144 contraventions of the Regulations were noted.

Several prosecutions were taken during the year. Some were taken against stall holders in the Retail Market for either smoking themselves or allowing other people to smoke. The total fines and costs imposed by the Court amounted to £46 7s. 0d

Insofar as mobile shops are concerned, difficulty is often experienced in locating these vehicles.

FOOD HAWKERS — COVENTRY CORPORATION ACT, 1948

Personal Registration 31st December, 1968	Premises Registration 31st December, 1968	No. of Inspections	No. of Contraventions Found
103	58	704	144

POULTRY INSPECTION

There are no poultry processing premises within the City area. Routine inspections of poultry on sale were carried out and it was necessary on some occasions to seize chickens for condemnation. In each case the reason for seizure was decomposition and no instance was found of diseased poultry being offered for sale.

WATER SAMPLES

Chemical Analysis		Bacteriological Examination	
Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
111	—	120	—

The table above shows the number of routine town's water samples which were taken and submitted to the Public Analyst for chemical analysis and to the Public Health Laboratory for bacteriological examination. All the samples were reported as being satisfactory. In addition samples were taken from water supplies to offices and comment on this aspect of the work is found in the Section relating to the Offices, Shops and Railway Premises Act, 1963.

MEAT INSPECTION SERVICE

Public Abattoir

Whilst the number of cattle and sheep slaughtered during 1968 remained substantially the same as in 1967, the number of pigs showed an increase of some 2,500. The number of calves slaughtered dropped from 1,002 to 660 but this was to be expected as a result of the serious outbreak of Foot and Mouth Disease. The total throughput for the year showed a welcome increase from 112,343 to 114,754.

Inspection

All animals slaughtered for food at Coventry Abattoir were inspected for fitness of the meat and offal for human consumption. This inspection was carried out by Public Health Inspectors. It may be of interest to note that the number of Inspectors engaged has always been related to the number of slaughtermen employed rather than to the amount of meat inspected. This is understandable when one considers the simultaneous working of different gangs with one object of finishing work as soon as possible, and the innumerable inspection points for carcasses and offals. In addition, by keeping up with the slaughtermen, it has always been possible for the wholesale market staffs to remove fresh offals and carcasses as necessary to the adjoining market.

In addition to meat inspection regular supervision of the market, vehicles and abattoir under the relevant regulations was carried out during the year. This is essential to maintain proper standards of hygiene. Advice and persuasion has to be used and co-operation sought in this respect.

Co-operation between the Public Health Inspectors, Markets Department, firms and slaughtermen was maintained throughout the year but it must be stated that the efficiency of the meat inspection service depends primarily on sufficient staffing to allow their work to be carried out, if necessary, without total dependence on such co-operation.

Classified Summary

Ante and post mortem inspections of animals slaughtered	114,754
Post mortem inspections of animals dead on arrival or in lairs ..	25
Re-inspections of home-killed meat	38
Detailed inspections of imported meats	38
Detailed inspections of meat from outside sources	20
Inspections of dressed carcasses	1
Inspections of canned meats	10
Inspections of other meats	14
Inspection of premises under the Public Health Acts	104

Unsound Food

The total weight of meat and offals found to be unfit and surrendered by the owners was :

	<i>Tons</i>	<i>Cwts.</i>	<i>Lbs.</i>
Abattoir	80	4	25
Wholesale Markets and Depots	2	2	102

One prosecution was taken during the year and this was for a breach of Regulation 19 of the Slaughterhouses (Hygiene) Regulations, 1958, as amended in 1966. A beast was kept in lairage 9 days instead of 3 days and this, during an epidemic of Foot and Mouth Disease, was a serious offence. The firm was convicted and fined £25 with 3 guineas costs.

The Imported Food Regulations, 1968, came into force on 1st August to deal with the new containerised traffic at ports. This has caused extra work for the meat inspectors as a regular supply of beef carcasses is received weekly from the ports. This meat in sealed containers is not inspected until it reaches Coventry. The work previously done by port health authorities has now to be done by inland authorities.

Animal Health

The quality of animals dealt with remained high as indicated in Table I which shows a very small number of whole carcasses condemned in relation to the numbers slaughtered. Only Fascioliasis in sheep is worthy of mention. This parasitic infection continues to show a steep rise from 1,384 livers condemned in 1967 to 2,678 in 1968. This may have been due to the very wet year. This parasite spends the first stage of its life in a fresh water snail, finally gets into the sheeps digestive system from grass and ends as the liver fluke. A wet summer means wet pastures and plenty of snails. This results in more fluke infestations in sheep and cattle.

Table I

	No. of Animals Killed	No. of Whole Carcasses Condemned
Cattle (excluding cows)	12,842	6
Cows	2,329	7
Calves	660	12
Sheep and Lambs	53,333	40
Pigs	45,590	55

Details of disease affecting whole carcasses :

Table II

	Cattle excluding Cows	Cows	Calves	Sheep	Pigs
Anaemia	—	—	—	2	1
Emaciation	—	4	—	15	5
Extensive Injuries	—	—	1	1	3
Fever	—	—	—	—	1
Immaturity	—	—	2	—	—
Jaundice	—	—	—	—	2
Joint Ill	—	—	2	—	—
Leukaemia	—	—	—	1	1
Moribund	1	—	1	2	1
Oedema	—	1	4	6	2
Pyæmia	2	—	—	2	5
Osteomyelitis	—	—	—	1	—
Septicæmia	—	1	1	—	—
Septic Arthritis	—	—	—	—	4
Enteritis	1	—	—	1	3
Metritis	—	—	—	—	1
Mastitis	—	—	—	3	—
Pericarditis	—	—	—	—	2
Peritonitis	—	—	1	2	10
Pleurisy	—	—	—	2	3
Pneumonia	1	—	—	2	1
Swine Erysipelas	—	—	—	—	1
Toxaemia	1	—	—	—	—
Tuberculosis	—	—	—	—	3
Tumours	—	1	—	—	4
Uraemia	—	—	—	—	2

Parts of carcasses and organs found to be unfit because of diseases other than tuberculosis and cysticerci.

Table III

	No.	Percentage
Cattle (excluding cows)	3,604	28·1%
Cows	1,179	50·6%
Calves	29	4·4%
Sheep and Lambs	6,298	11·8%
Pigs	13,156	28·9%

Parts of carcases and organs found to be unfit because of localised tuberculosis.

Table IV

	No.	Percentage
Cattle (excluding cows)	8	0·06%
Cows	2	0·08%
Calves	—	—
Sheep and Lambs	—	—
Pigs	803	1·76%

In addition 4 bovine animals were sent in for compulsory slaughter under the Tuberculosis (Slaughter of Reactors) Order 1950. Details of all bovine animals showing signs of tuberculosis were submitted to the Ministry of Agriculture, Fisheries and Food for appropriate action.

Cysticercus Bovis

20 cases of localised *Cysticercus Bovis* (the cystic stage of human tapeworm) were found during the year and the carcases were treated in cold storage for the necessary period to kill the cysts.

General

The demand for specimens for various schools in the city is increasing and a considerable number were provided by the inspectors for this purpose. In addition regular quantities of blood were collected and supplied to the Public Health Laboratory and Public Analyst.

The following products were collected under supervision for pharmaceutical purposes.

Table V

	Liver Lbs.	Pancreas Lbs.	Suprarenals Lbs.
Cattle	51,650	7,587	603
Calves		34	
Pigs		3,350	

Hygiene

In November the use of wiping cloths for carcases was prohibited by Regulation and replaced by water (warm) sprays for such cleaning. After initial adverse criticisms from all quarters their use was accepted. In advocacy for the use of sprays it can be said that all carcases are visibly cleaner, and bacteriologically more satisfactory. This is an important advance in meat hygiene. The keeping quality of the meat is improved and possibility of cross infection and cross contamination avoided. Whether there will be any difficulties in the summer of 1969 is a contingency which in the main will depend on intelligent use of the sprays, hanging of carcases and efficient cooling.

It is to be hoped that the proposed line system when implemented will simplify the meat inspection system and also lead to improved hygiene standards.

AIR POLLUTION INDUSTRIAL SOURCES

During the year there were 22 applications for prior-approval of furnaces and chimney heights under Sections 3 and 10 of the Clean Air Act, 1956, and 6 notifications of intention to install furnaces where prior-approval was not required. Section 3 requires that no furnace shall be installed unless it is capable of being operated continuously without emitting smoke, when burning fuel of a type for which it was designed. All were finally approved – some after negotiation and subsequent amendment of the proposals.

Previous Reports have commented upon the trend to "piped" fuels such as oil and gas, and away from solid fuel, a pattern also markedly under-lined in domestic smoke control work. During 1968 the "break-point" was reached in that no solid fuel industrial-type plants were dealt with, and of the 28 cases which were subject to prior-approval 26 were oil-fired and 2 gas-fired plants.

The oil-fuels mostly in use at the present time are distillates of low sulphur content, and to a lesser extent residual oils of higher sulphur content. The present day trend to the use of the low sulphur distillates is very welcome from an environmental health point of view in that there is a reduction of sulphur gas at breathing levels. This trend is apparent in Coventry where of the 26 prior-approved, oil-fired plants, 20 used the low sulphur distillate oils.

An important improvement in the method of administration of legislation in connection with the control of chimney heights of industrial-type furnaces is likely to be operative in 1969 as a result of the new Clean Air Act, 1968, which received Royal Assent on the 25th October, 1968. Under the Clean Air Act, 1956, the control of chimney heights, although effective, was cumbersome in operation in that it was closely tied to the Building Regulations, 1965, administered by the City Engineer, and required detailed co-operation between two separate Departments. Under the new Act, likely to be operative in this connection on 1st April, 1969, a separate control divorced from the submission of plans for new buildings, etc., under the Building Regulations, 1965, is envisaged and should be easier of operation.

Smoke Emission

Complaints relating to smoke emission numbered 24, and all were fully investigated, but no legal proceedings were instituted. Several were of a transitory nature, particularly in regard to smaller oil-fired furnaces where adjustment of oil-burners and proper maintenance of equipment were all that was required.

The modern trend in fuel usage and chimney height requirement is illustrated in a breakdown of the details of 20 of the prior-approval applications dealt with during 1968 :

Type of Premises	Fuel	Chimney Height	
		Feet	Metres
School	Oil	50	15.2
Hotel	Oil	30	9.1
Engineering Factory	Oil (Heavy)	78	23.8
Garage	Oil	22	6.7
Primary School	Oil	30	9.1
Theatre	Oil	45	13.7
Engineering Factory	Oil (Medium Heavy)	70	21.4
Office Development	Oil (Medium Heavy)	55	16.8
Textile Factory	Oil	30	9.1
School	Oil	35	10.7
Self-Service Launderette	Oil	24	7.3
Factory	Oil (Medium Heavy)	44	13.4
Social Club	Oil	30	9.1
Launderette	Oil	35	10.7
Training Centre	Oil	18	5.5
Electronic Factory	Oil (Medium Heavy)	100	30.5
Football Stand Offices	Oil	56	17.0
Working Men's Club	Oil	30	9.1
Plastics Factory	Oil /Medium Heavy)	55	16.8
Timber Factory	Oil	22½	6.9

A large pulverised fuel installation was the source of complaints of smoke emission and, at the instigation of the Department, the technical services of the National Coal Board were called in by the company and investigations are proceeding.

Illustrating the high degree of co-operation between industry and the local authority, a plastics firm in trouble for smoke emission, voluntarily increased the height of the chimney and abated the nuisance.

Ground level fires for the purpose of incinerating timber and other combustible materials have been sources of numerous complaints of smoke emission, both in the City Centre and on the outskirts. In outlying residential areas pre-fabricated houses have been demolished in large numbers, demolitions generally being under the control of the Ministry of Buildings and Works. Such demolitions are sub-contracted by the Ministry to demolition contractors who are only interested in salvaging certain of the materials, and invariably leave the valueless portion, or light huge bonfires to incinerate it. Appeals to the Ministry are usually slow in producing any effect. Action must therefore be taken against the contractor to prevent recurrence of nuisance.



Unnecessary air pollution from primitive system of road planing.

Certain of the smoke emissions from ground level fires, particularly of industrial or trade refuse, or refuse incinerated on industrial or trade premises, should be capable of easier abatement by the further provision of the new Clean Air Act, 1968, likely to be operative in 1969.

Dust and Grit

Emissions of dust and grit can cause nuisances and at times can constitute a health hazard.

As the result of the deliberations of a Working Party on Grit and Dust, (whose terms of reference were – “to consider ways and means of measuring grit and dust emission and to advise on the levels of emissions in relation to furnaces burning fuel equivalent to 100 to 50,000 pounds per hour of coal”) a Ministry Circular on the subject has been issued for the guidance of local authorities during the year.

The Clean Air (Measurement of Grit and Dust) Regulations, 1968, give the power to local authorities to require the making and recording of measurements of grit and dust. Local authorities can now, where required, attack this Cinderella sector of air pollution for the benefit of the citizens.

Unlike many northern, industrial cities where every small factory possesses a coal-burning furnace, Coventry has larger industrial units with a preponderance of oil-fired installations of modern design. Grit and dust emission from combustion is not a widespread problem in the City. Investigation of all known sources is now being made.

Complaints were received during the year from residents in the vicinities of the Central Electricity Generating Board undertaking on the north east boundary, and the National Coal Board Homefire Plant at Keresley, which is situated in the area of Meriden Rural District Council. Both plants are under the control of the District Alkali Inspector of the Ministry of Housing and Local Government, to whom all complaints are referred. The co-operation of the Department has been freely given to the District Alkali Inspector in the continuous measurement of deposited matter in the areas surrounding the two plants. Legal opinion has been taken and we are informed that the local authority has no statutory powers in relation to nuisance from smoke, fume or grit arising from the Homefire Plant.

Coventry, in July 1968, saw the occurrence of a unique dust deposit phenomenon which was not man-made. Headlined in the newspapers as “Fall-Out of Sahara Dust”, it was reported that very fine, pinkish coloured dust drawn into the upper atmosphere over the Sahara Desert was carried over this country and deposited in tons over the Midlands. Peculiar weather conditions were said to be responsible. Disproving the allegation that the man in the street has no real interest in the state of the atmosphere, or accepts as normal any

air pollution that envelops him, a large number of enquiries and complaints were received in the Department and genuine interest shown in the occurrence.

Many samples of the dust were taken from exposed surfaces, and particularly parked cars where the deposit was very apparent. Endeavours were made in the early stages to pin-point any offending factory or industrial process until it was found to be a country-wide occurrence.

Fumes

An intractable problem of periodical fume emission occurs at a local factory where jet engines are tested. Fumes and occasionally unburnt paraffin vapour are emitted into the atmosphere and complaints from nearby residents result. Weather conditions have a bearing on the matter, and the assistance of the Ministry of Technology has been sought but, as yet, with no satisfactory solution to the problem.

Fumes from core-making processes in the foundries of car manufacturing companies seemed at one time to be another insoluble problem. Recent innovations in technology have resulted in the installation at one company of an entirely different method of core-making with considerable reduction in emitted fume. At the other foundry, although continuing with the older method of core-making, afterburners are being installed to provide more complete combustion of the fumes.

CLEAN AIR ACT, 1956 SMOKE CONTROL AREAS

During the twelve years since the passing of the Act, 14 Smoke Control Areas have been established on the west and south-west of the City, being the direction from which the prevailing south-west wind blows.

It was hoped that progress towards a fully smoke-controlled city would now be within sight of achievement, but unfortunately the programme suffered a hold-up during 1967-68. Economic difficulties meant the suspension of the steady "inching-forward" plan, where one district is smoke-controlled followed by another adjacent to it.

There was some relaxation of this set-back in the latter part of the year, and a survey of a new area is now in progress, with a possible operative date in late 1970.

The table gives particulars of areas in operation :

	In Operation	Order Confirmed but not yet in Operation	Orders Made and awaiting Confirmation	Under Survey
No. of Areas	14	Nil	Nil	1
Acreage	6,464	Nil	Nil	294
Number of Dwellings	25,000	Nil	Nil	2,256

During the early and late parts of 1968 "smoke-spotting" surveys during the late afternoons and week-ends, have been carried out in Smoke Control Areas.

A large part of the trouble, giving rise to emissions of smoke from domestic chimneys in operative Areas due to the burning of unauthorized fuel, arises from the absence of law to prohibit the selling and delivering by coal merchants and the selling by retail shops of coal in the Areas.

The new Clean Air Act, 1968, which makes it an offence to obtain solid smoke-producing fuel for use in a Smoke Control Area, or to sell such fuel by retail for delivery to premises in such an Area, comes into force from 1st April, 1969.

It is unfortunate that throughout the country whenever means are sought of municipal saving, the tendency is to cast longing eyes at the money being spent to achieve a cleaner atmosphere. It is perhaps unfortunate that the main health benefits are long term in a society which expects rapid and dramatic effects from its capital investments. The Government too seems not to encourage so enthusiastically as it might extensions of smoke control aimed at cleaning-up the atmosphere, even though authoritative sources stress that the steady advance to cleaner air that appeared possible in the early sixties would prevent the increasing number of elderly respiratory cripples, whose medical care imposes a severe financial burden on the whole community.

The benefits of clean air are not always appreciated, but medical authorities go so far as to say that if cigarette smoking ceased and general air pollution were largely eliminated, the incidence of chronic bronchitis would diminish, perhaps to vanishing point. A recent report from Japan tells of the installation of fresh-air slot machines in busy down-town Tokyo where the city-dwellers can, for the price of about one shilling, inhale 3,000 cubic centimetres of pure oxygen from the machine.

AIR POLLUTION MEASUREMENT

Pollution has been defined as – "an excess of anything that degrades human living". Pollution of the air is not always recognised as a degradation by the ordinary citizen or it may be accepted as normal, or even, harking back to a grimmer industrial era, a welcome symbol of industrial prosperity and full employment. Only by continuous measurement can the nature and extent of air pollution be checked and controlled, pin-pointing to health authorities where best to apply restrictive measures in the interests of the health of the community.

Interest was aroused during the early part of the year by the weekly publication in the Coventry Evening Telegraph of a graph of and comments on smoke and sulphur gas concentrations in the City Centre. Combined with the newspaper's daily weather reporting service,

weather being of universal interest and a major factor in air pollution, the interest shown as evidenced by enquiries to the Department on the subject has been very gratifying and a useful feature of public relations.

(i) Deposit Gauges and Lead Peroxide Instruments

Measurement in this category was carried on during 1968 at the following stations :

Day Nursery, Edgwick

Stoke Park School

Foleshill Cemetery, Windmill Road

*Elephant & Castle, Aldermans Green Road

Pumping Station, Watery Lane, Keresley

*Aldermans Green Social Club

*Deposit gauge only

Deposit gauge and lead peroxide measuring stations are operated continuously, the results being obtained at monthly intervals following analyses by the City Analyst. Estimations of deposited matter (grit, dust, soot, ash, etc.) are made in terms of tons per square mile per month (Table 1), and of sulphur dioxide "levels" in terms of milligrams of sulphur gas (SO_3) per 100 square centimetres per day (Table 2).

TABLE 1
ESTIMATION OF ATMOSPHERIC POLLUTION BY STANDARD DEPOSIT GAUGE
TOTAL SOLIDS DEPOSITED IN TONS PER SQUARE MILE 1968

Station	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Monthly Averages		
													1966	1967	1968
Edwick ..	11.37	11.23	13.77	11.93	5.76	5.44†	5.44	9.29	17.75	10.55	19.28	12.03	13.90	10.27	11.15
Stoke Park School	8.10	4.68	11.76	9.27	8.21	8.70	8.31	8.27	5.58	2.75	3.04*	*	10.60	9.47	7.56
Foleshill Cemetery..	12.18	7.98	11.21	11.98	11.61	23.56	13.93	15.88	11.07	9.36	7.05	6.48	10.81	14.00	11.86
Aldermans Green ..	14.36	7.74					Station Discontinued								
Elephant & Castle ..	7.23	6.20	3.90*	3.83*	6.17	59.79†	28.55	27.97	36.28	11.60	29.35	25.58	15.30	15.29	23.87
Watery Lane, Keresley	9.00	6.88	9.86	1.23*	11.74	10.40	10.40	11.43	9.61	6.57	10.67	8.28	9.60	10.74	9.35

†Special Analysis with Microscopic Examination

*Instruments tampered with

TABLE 2
ESTIMATION OF ATMOSPHERIC POLLUTION BY LEAD PEROXIDE INSTRUMENTS
ABSORPTION OF SO₂ EXPRESSED AS MILLIGRAMS SO₃ PER 100 SQ. CMS.
OF LEAD PEROXIDE PER DAY 1968

Station	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Monthly Average	
													1967	1968
Edgwick	3.20	2.20	2.00	1.10	1.40	*	1.20	1.30	0.70	1.00	2.00	2.50	1.42	1.69
Stoke Park School .. .	2.00	2.20	1.70	1.00	0.90	0.50	0.70	0.30	0.45	0.70	1.50	2.10	1.16	1.17
Foleshill Cemetery .. .	1.70	1.30	1.60	0.80	0.80	0.80	0.50	0.50	0.70	1.20	1.30	1.60	1.10	1.07
Watery Lane, Keresley ..	1.10	1.00	0.80	*	0.50	0.35	0.40	0.40	0.40	0.45	0.90	1.50	0.70	0.71

*Instruments tampered with

(ii) Volumetric Smoke Density and Sulphur Dioxide Measuring Instruments

In the City area seven instruments are making continuous daily measurement of smoke and sulphur dioxide at the following sites:

Council Offices, Earl Street
Technical College, Butts
Lyng Hall School, Blackberry Lane
Foxford School, Longford
Health Centre, Jardine Crescent, Tile Hill
Broad Heath School, Broad Street
Multi-Purpose Centre, Jubilee Crescent, Radford

The average monthly smoke and sulphur dioxide concentrations in microgrammes per cubic metre of air during 1968 for the various stations are shown in Tables 3(a) and 3(b) respectively.

The instruments used in Coventry are operated as part of a county scheme organized in 1957 by Warwickshire Clean Air Council. In overall control is the Ministry of Technology, Warren Spring Laboratory, Stevenage, Herts., to which body all results are forwarded monthly. The Ministry compile information from the whole country and issue conclusions and information based on national and regional viewpoints of the air pollution problem.

Table 3(a)
AVERAGE MONTHLY SMOKE CONCENTRATIONS IN
MICROGRAMMES PER CUBIC METRE 1968

	Council Offices	Technical College	Lyng Hall School	Foxford School	Jardine Crescent	Broad Heath	Radford
Jan. 1968	67	90	84	70	41	109	83
Feb.	57	111	92	101	57	124	95
Mar.	40	57	47	36	25	59	49
April	38	54	36	31	26	71	38
May	36	67	36	29	27	44	38
June	17	38	17	—	14	19	17
July	24	32	18	15	20	27	19
Aug.	21	24	19	11	15	—	30
Sept.	27	32	24	24	23	32	25
Oct.	42	49	38	35	29	51	41
Nov.	72	72	67	68	56	102	73
Dec.	87	82	86	92	61	129	91

Table 3(b)
AVERAGE MONTHLY SO₂ CONCENTRATIONS IN
MICROGRAMMES PER CUBIC METRE 1968

	Council Offices	Technical College	Lyng Hall School	Foxford School	Jardine Crescent	Broad Heath	Radford
Jan. 1968	223	188	178	146	98	220	155
Feb.	215	210	148	129	109	230	184
Mar.	173	149	131	84	85	153	103
April	126	131	103	65	74	166	105
May	117	153	87	56	74	105	93
June	55	88	63	—	52	67	46
July	77	79	72	56	58	71	66
Aug.	61	63	50	50	42	—	51
Sept.	62	60	57	56	53	79	51
Oct.	94	85	84	56	57	102	84
Nov.	174	144	123	137	77	186	144
Dec.	224	174	143	130	111	152	160

NOISE CONTROL
BREAKDOWN OF INDIVIDUAL NOISE COMPLAINTS
TO PARTICULAR OPERATIONS

General industrial operations..	..	..	..	..	..	..	..	7
Engine testing ..	..	..	..	..	..	..	..	2
Ventilation fan systems ..	..	..	..	..	..	..	..	7
Pressing operations ..	..	..	..	..	..	..	..	3
Compressors ..	..	..	..	..	..	..	..	3
Transporting industrial products ..	..	..	..	..	..	..	..	4
Church bells ..	..	..	..	..	..	..	..	1
Human behaviour ..	..	..	..	..	..	..	..	1
Dairies ..	..	..	..	..	..	..	..	1
Building Sites								
Pile hammer ..	..	..	..	..	..	..	..	1
Concrete breaker ..	..	..	..	..	..	..	..	12
Compressors ..	..	..	..	..	..	..	..	3
Electric generator ..	..	..	..	..	..	..	..	1
Diesel generator ..	..	..	..	..	..	..	..	1
Tractor scraper ..	..	..	..	..	..	..	..	1

The number of noise sources the subject of complaint by ratepayers to the Department in 1968 fell to 48, and of these 19 (more than a third) were from building sites.

The majority of demolition works and re-building has taken place in the business and commercial centre of the City and occupiers of shops and offices have had a disturbed year. The chief culprit has been the pneumatic drill, having been the source of complaint in respect of 12 separate sites.

This must have been a common feature on sites throughout England and Wales because in November the Ministry of Housing and Local Government issued Circular 59/68 dealing with noise from such pneumatic drills, and enclosing with it a copy of Ministry of Public Building and Works Advisory Leaflet No. 72 'Noise Control on Building Sites'. This gives advice to Local Authorities of the manner in which noise from a variety of equipment used on sites can be reduced.

Also contained in the circular is a recommendation that Councils should, where appropriate, include in their specifications for building and civil engineering work, a clause requiring silencers on these items of equipment. This has been done for some time by the City Engineer's Department and the clause reads as follows:

"The contractor shall take the best practicable means to prevent or reduce noise during the execution of the work.

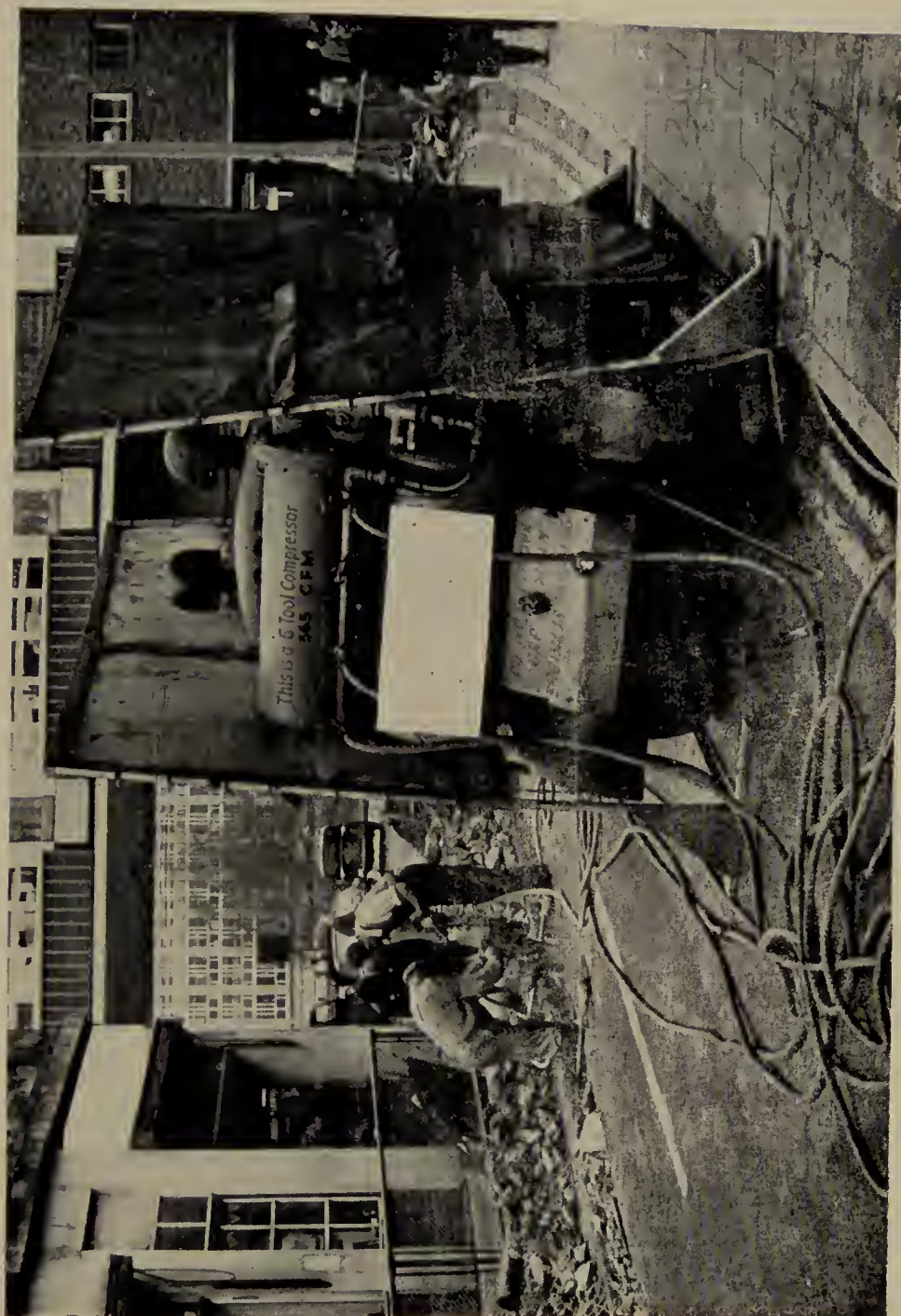
"The best practicable means shall include the use of an effective silencer on all plant and equipment, and the use of an effective purpose made muffler on any pneumatic or other drill or breaker.

"The contractor shall use sound screens and compartments where ordered by the Engineer.

"Any special areas or requirements to be dealt with separately".

Success with this method has steadily increased during the year. Where statutory undertakers or private developers have been responsible for making unnecessary noise, an improvement has been effected by direct approach and negotiation.

Publicity about the Noise Abatement Act, 1960, and the powers of the Department has been on display in the showcase in Market Way and on official notice boards. Maximum use has been made of the excellent posters issued by the Local Government Information Office. Later in the year the same office issued pamphlet No. 18. Set out in simple terms, this describes noise – what it does to us and what we can do about it, and ends with the slogan – 'No noise is good noise.'



Reduction of noise from road breaking equipment.

— Courtesy of Coventry Evening Telegraph.

The leaflet expresses concern that so few people are aware of the harmful effects on health, and yet continuous exposure to noise can eventually result in impaired hearing, nervous conditions and carelessness. The latter is of some significance in a City where demolition and building operations are in progress in the shopping and business area, and where the operations are carried on over a long period of time.

In the industrial sphere the disparity of complaint varied between the running of an extract fan in the catering kitchen of a licensed house, where the fan bearing had worn and was a nuisance to workers in an adjoining office, and the testing of internal combustion engines at a local factory, where the engine testing benches were situated in a single storey building with an asbestos roof, adjoining houses. In this case the company, when approached, immediately reduced by 50% the number of engines on test at one time. The possibility of engine testing ceasing entirely at this particular test bed is now being discussed.

Maximum co-operation has always been given by industry and commerce to the Department, and a reduction of noise levels and improved living conditions has always been obtained. However, the present policy is to serve notices under the Noise Abatement Act where a simple remedy is a reasonable and practical solution.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963 ANNUAL REPORT, 1968

Registration of Premises

At the 31st December, 1968, 3,001 premises were registered under the Act, which represents a reduction of 101 premises during the year. Once again this is mainly due to the redevelopment of large areas of the City Centre. Employers in old premises affected by redevelopment were often under the impression that the registration of their existing premises also covered their new premises, and some difficulty was experienced in getting these new ones registered. This has now been overcome and it is felt that registration is complete.

Inspection of premises

A total of 1,769 premises received one or more general inspections during the year. A total of 9,765 visits were made to premises during the year, including the general inspections and other visits made to ensure compliance with notices served.

The third complete round of general inspections of premises is now virtually completed, and it is anticipated that the fourth will start early in 1969. If the present number of staff is maintained, the estimated standard of one general inspection of all premises every eighteen months will be achieved.

Attitude of Occupiers

A summary of the Annual Report for the previous twelve months was again sent to all registered premises in an attempt to make employers aware of their responsibilities under the Act. This summarized the requirements of the Act most contravened in the City, and placed particular emphasis upon accidents and the need to report accidents. In addition, efforts to make both the employer and the employee aware of the potentially dangerous situations existing in premises have been carried out through the media of publicity material exhibited in a public display panel in the City Centre.

In general there are indications that employers are more familiar with the Act and few are now found to be unco-operative.

Attitude of Employees

During the year 21 complaints were received from employees, 16 of which related to inadequate heating. This is an increase of 18 over last year and possibly reflects a greater willingness on the part of the employee to complain about conditions.

Operation of the General Provisions of the Act

During the year 3,000 contraventions of the Act were found and informal notices served upon the appropriate person. A total of 3,719

contraventions were remedied, these relating in part to notices served in 1967. Details of these are tabulated in the statistical section of the report.

Cleanliness — Section 4

Contraventions totalling 402 in respect of removable dirt were found and notices served. This is an increase of 74 over last year. The need to persuade management that routine cleansing and redecoration within premises is necessary still remains a problem. One prosecution was taken under this section.

Overcrowding — Section 5

Fifteen notices have been served under this Section, and no difficulties have been observed.

Temperature — Section 6

A total of 232 notices was served for contraventions of this section, mainly in relation to thermometer requirements.

In addition, a survey of premises has been carried out since November, and a temperature below 16°C (60·8°F) was found within the premises in 43 instances. In these cases letters are sent to the employers informing them that the failure to maintain a temperature of 16°C (60·8°F) after the first working hour within rooms where their employees work for other than short periods is a contravention of the Act and pointing out their responsibility in this direction. Where, upon re-visit, it is found that a temperature of 16°C (60·8°F) is still not achieved, further enforcement action will be taken.

No problems have been experienced in large retail stores and office blocks where the temperatures are often well above the legal minimum (16°C). Some small retail shops are not equipped to meet sudden drops in temperature, and it is proving difficult to convince them that the expenditure needed to provide this additional heating is justified for the periods that it is required.

Eternal British optimism is seen at its sturdiest in such traders in the yearly hope that winter will pass Britain by and play havoc only on the Continent.

During the year legal proceedings were taken against shop premises in 4 instances.

Ventilation — Section 7

Notices were served to remedy 154 contraventions of this section.

The considerable difficulty that was experienced last year in achieving satisfactory ventilation in the new developments within the Central Shopping Area has again proved a major problem. Ventilation to individual shop units has been provided in a minimal form at the

rear of the premises. The shop unit is then leased without a front, this is installed by the prospective occupiers, whose duty it is to provide suitable ventilation from this shop front. This is frequently not done. A closer liaison between the developers, their architects and the enforcing authority is required so that ventilation and other possible contraventions of the Act can be considered at the planning stage.

In Coventry all plans submitted to the City Engineer for Building Regulation approval are now examined by a Public Health Inspector, and any foreseeable contravention of the Act upon occupation is taken up with the developer and prospective tenant. By this means many potential problems are solved before occupation of the premises. This facility offered by the City Engineer is greatly appreciated, and gives a sound return in public relations.

Other problems have occurred in smaller shop units where opening windows in store rooms and rear work rooms have been secured with screws or bars in order to satisfy insurance and crime prevention requirements. The employer then feels aggrieved when faced with providing additional means of ventilation.

Legal proceedings were instituted in four instances under this section.

Lighting — Section 8

A total of 65 notices was served during the year and 26 warning letters sent.

The standards laid down in the new Circular on lighting are used as a minimum. Where premises are found to be below standard, a letter is sent to the employers pointing out where premises are in contravention of the section, giving them the minimum standard they should achieve and advising them upon their obligations under the Act. In many cases it is felt that cleansing and maintenance of the light fittings effects an astonishing improvement, without extra capital expenditure.

Sanitary Conveniences (Section 9) and Washing Facilities (Section 10)

Contraventions were found in 544 instances under Section 9 and 318 instances under Section 10.

In one particular instance under Section 9 it was found that, in an insurance office employing two full time female and one full time male it was customary for seventeen agents to be in the office for up to one hour each morning. This was the only time they were in the office, but during this period the female employees were embarrassed when using the sanitary accommodation. This is within the law, which anticipates that one or two employees would not require the use of a convenience in any two hours. For seventeen not to require such an amenity is mere wishful thinking.

A statutory undertaking at a fuel storage depot attempted to solve the problem of insufficient sanitary accommodation by the installation of a chemical closet. The depot in question was within one mile of the City Centre and abundantly served by mains drainage. The proposal was refused.

Several instances occurred towards the end of the year concerning the provision of a wash hand basin under Section 10 in chemists' shops, where it has been customary to use the sink provided for dispensing purposes as the hand washing facility after using a sanitary convenience. Requests to provide additional facilities have met with opposition. It is astounding that such attitudes should be adopted by dispensing chemists who should be aware of normal hygienic practices.

Prosecutions were taken in respect of 3 contraventions of Section 9 and 2 under Section 10.

Drinking Water — Section 11

Thirty-three notices were served under this section, mainly in relation to the water supply being provided within the sanitary accommodation. Legal proceedings were instituted in such an instance where the drinking water supply was within the sanitary convenience. The defendants pleaded guilty and a fine of £20 was imposed.

Bacteriological samples of water were taken from taps providing drinking water in large offices which were served from water storage tanks. It is felt that risk to health can arise from such storage in static tanks. However, up-to-date all samples have fortunately been bacteriologically satisfactory.

Accommodation for Clothing — Section 12

Notices were served in 34 instances for contraventions of this section.

Legal proceedings were necessary in one case for the failure to provide adequate arrangements for drying outdoor clothing. The defendants pleaded guilty and a fine of £20 was imposed.

Sitting Facilities — Section 13

Twelve notices were served for contraventions of this section.

Eating Facilities — Section 15

Eating facilities that had been provided in premises inspected were found in five instances to be unsatisfactory. Notices were served in these cases.

Floors, Passages and Stairs — Section 16

Notices were served in 292 instances for contraventions of this Section. In general these related to dirty conditions and to the defective and dangerous condition of floor coverings such as carpets and linoleum which had become frayed and holed. Often these contraventions were of a minor nature and again reflect the need for employers to exercise constant maintenance supervision.

In many instances the dangers of a frayed and lifting carpet or of holed linoleum seem trivial to the employer until the national accident statistics, recording deaths and serious injury due to falls, are pointed out to him.

In one instance a large supermarket had insufficient space for goods storage to meet increased trade. Boxed goods were stored in every possible space, including landings and staircases. The boxes were stacked so high that they swayed when touched and there was only a very narrow passage left, both on the stairs and within the store room. Once made aware of the potential danger, the management took immediate steps to remove it.

Twenty-three accidents were reported for falls on the level floor and nine for falls on staircases.

During the year legal proceedings were heard in two instances for failure to comply with this section.

Fencing of Exposed Parts of Machinery — Section 17

Notices were served in 136 instances for contraventions of this section.

Once again the majority of these relate to the provision of guards to food slicing machines and it is still proving difficult for shopkeepers to get adequate guards quickly.

Five accidents were notified during the year which were due to handling machinery, and in two cases the accident resulted in the loss of the tip of a finger.

Legal proceedings were heard in one case for the failure to adequately guard a gravity feed meat slicer. The case was found proved and a fine of £5 imposed.

Protection of Young Persons from Dangerous Machinery — Sections 18 and 19

During the year three notices were served for contraventions of Section 18, and two notices for contraventions of Section 19.

Legal proceedings were taken for two contraventions of Section 18 following accidents to youths under 18 years of age. In the first case the accident was reported in the correct manner and the resultant court case is described later in the report. In the second case the accident was not reported in the prescribed manner and only came to light during an inspection of the premises. A youth under 18 years of age had lost the tip of a finger whilst cleaning a bacon slicer. Proceedings were taken under Sections 18 and 48 and fines of £10 imposed on each charge with £10 10s. 0d. costs.

Prohibition of Heavy Work — Section 23

Three notices were served under this section.

First Aid — Section 24

Contraventions were found in 300 instances and notices served. In general these related to restocking first aid kits which had been used.

Dangerous Acts — Section 27

Notices were served in 59 cases for contraventions of this section for conditions which were potentially dangerous to employees.

During an inspection of a restaurant the inspector opened the refrigerator and received a minor electrical shock. (It is hoped that this was purely accidental.) Upon investigation it was found that the unit had been wired incorrectly and this matter was remedied before he left the premises.

One prosecution was taken for a contravention of this section relating to an electric cable trailed across the floor behind the serving counter in a shop. The case was found proved and a fine of £30 imposed.

Notification of Fact of Employment of Persons — Section 49

One prosecution was taken under this section and a fine of £2 was imposed.

Information for Employees — Section 50

A total of 276 notices was served where the explanatory booklet prescribed in the Information for Employees Regulations, 1965, had not been provided.

One prosecution was taken and a fine of £5 imposed.

Exemptions — Sections 45 and 46

One exemption from the requirements of Section 9 to provide suitable sanitary accommodation was granted. One application in respect of the requirements of Section 10 to provide running hot water was refused.

At the end of the year there were five exemptions currently in force.

Accidents

During the year 91 accidents were reported under Section 48 of the Act, which represents a decrease of 6.2% when compared to last year. It is hoped that this arises from safer working practices and not failure to notify accidents. In one instance a prosecution was taken against a multiple firm for not reporting an accident which was discovered during an inspection of the premises. This took place in June and prior to this the number of accidents reported by this organization had been negligible. Since then they have reported eight accidents.

Two prosecutions have been taken for failing to report an accident in the correct form and considerable press coverage was given to this particular subject following the first case at the beginning of the year. In addition to this coverage a copy of an extract from the 1967 Annual Report emphasising accidents was sent to all registered premises.

Forty accidents were investigated where it was thought that the accident was serious or that unusual conditions existed and that a contravention of the Act existed.

Of the total number of accidents, 40% were caused by falls on the level and from stairs and ladders, and 30% resulted from handling goods. Accidents to persons under the age of 18 accounted for 10% of all accidents and emphasizes the need for more care when employing young persons.

Many accidents are still due to carelessness upon the part of the employee who feels that an accident cannot happen to him. In one instance a female employee in a shoe shop used an old dangerous pair of step ladders to reach high storage racks and fell off them. At the time there were two new safe step ladders available which had been bought to replace the dangerous ones. This emphasizes that employers have a duty to remove worn out and dangerous equipment.

Legal Proceedings

During the year legal proceedings were heard in respect of 14 premises for non-compliance with the Act. Ten of these cases related to premises where notices which had been served had been ignored, three related to accidents and one resulted from the occupier of a

premises refusing to give information. Details of these cases, which resulted in fines and costs totalling £438 10s. 0d. being imposed, are tabulated in the statistical section of the report.

Two of these cases were of particular interest. In the first instance proceedings were taken for a contravention of Section 18 of the Act in that a young person under 18 years of age was allowed to clean a piece of machinery, namely a hand operated bacon slicer, and in doing so exposed himself to risk of injury from a moving part. The injury that he sustained was the loss of the tip of one of his fingers. The defence was based upon the fact that the blade of a hand operated machine could not be said to be a moving part, and that, in any case, there was no risk of injury from this part since no accident had occurred previously. They stated in addition that if this was not accepted the company would use the defence under Section 67 of the Act in that, by issuing standing instructions in the correct use of dangerous machinery and by normal managerial control, they exercised all due diligence. The case was found proved and a fine of £25 was imposed with £15 15s. 0d. costs. The defendant company have appealed to the Queen's Bench Division of the High Court against this decision, and the appeal will be heard in the new year.

In the second case proceedings were taken under Section 53 against an employer who, during an inspection, was obstructive, refused to give any information and used obscene language. Notification of employment of persons within the premises had not been given to the Local Authority although it was obvious that there was an employee at least for part of the week. Since the employer refused to give any information it was impossible to ascertain whether the Act applied or not. It was anticipated that this information would be forthcoming during the court hearing. However, the defendant did not appear in court and was not represented. The case was heard in his absence and a fine of £10 with £5 5s. 0d. costs imposed. It is still not known if the premises fall within the scope of the Act, and a further prosecution will be necessary if information is still withheld, as no provision for a continuing offence is made under this section.

LEGAL PROCEEDINGS TAKEN UNDER OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

<i>Offence</i>	<i>Result</i>	<i>Fine</i>	<i>Costs</i>
1. Sections 6, 7, 9, 10 and 50. Absence of a reasonable temperature (60·8°F) within shop; inadequate ventilation within shop; the absence of suitable sanitary accommodation; the dirty walls of the washing facility and the absence of a supply of clean running hot water and of clean towels; the absence of the prescribed form giving information to employees	Convicted	£85. 0s. 0d.	£3. 3s. 0d.
2. Section 6. Absence of a reasonable temperature (60·8°F) within shop and office ..	Convicted	£35. 0s. 0d.	£5. 5s. 0d.
3. Section 4. The walls of the stockroom were dirty	Convicted	£7. 0s. 0d.	£3. 3s. 0d.
4. Section 48. Failure of employer to notify an accident which resulted in more than three days off work	Convicted	£5. 0s. 0d.	£3. 3s. 0d.
5. Section 6 and 17. Absence of a reasonable temperature (60·8°F) and the absence of a thermometer within shop; the dangerous part of a gravity feed meat slicer was not securely fenced	Convicted	£10. 0s. 0d.	—
6. Sections 7 and 9. Inadequate ventilation within shop; the sanitary accommodation opened directly off a workroom	Convicted	£6. 0s. 0d.	£10.10s. 0d.
7. Section 18. Accident to a young person under 18 years of age who was exposed to risk of injury from the moving part of a bacon slicer	Convicted	£25. 0s. 0d.	£15.15s. 0d.
8. Section 6. Absence of a reasonable temperature (60·8°F) within shop	Convicted	£10. 0s. 0d.	£3. 3s. 0d.

<i>Offence</i>	<i>Result</i>	<i>Fine</i>	<i>Costs</i>
9. Sections 7, 9, 11, 12 and 16. Inadequate ventilation within shop; the sanitary accommodation opened directly off a workroom; the absence of a conveniently accessible wholesome supply of drinking water; the absence of suitable arrangements for drying outdoor clothing not worn by employees during working hours; the floor of the shop was not properly maintained in that the carpet was worn and dangerous ..	Convicted	£100. 0s. 0d.	£10.10s. 0d.
10. Sections 18 and 48. Accident to a young person under 18 years of age who was exposed to risk of injury from the moving part of a bacon slicer; failure of employer to notify an accident which resulted in more than three days off work	Convicted	£20. 0s. 0d.	£10.10s. 0d.
11. Sections 16 and 49. Failure to provide a handrail to the staircase and to maintain the stairtreads in a safe condition; failure to provide notification of employment of persons to Local Authority	Convicted	£17. 0s. 0d.	—
12. Sections 7 and 10. Inadequate ventilation within shop; absence of a supply of clean running hot water	Section 7 – Convicted Section 10 – Withdrawn	£5. 0s. 0d.	£3. 3s. 0d.
13. Section 27. The safety of persons employed to work within premises was endangered by a wire lying across floor	Convicted	£30. 0s. 0d.	—
14. Section 53. Obstruction of inspector carrying out his duty in that he was refused information concerning address of firm, employment etc.	Convicted	£10. 0s. 0d.	£5. 5s. 0d.

REGISTRATIONS AND GENERAL INSPECTIONS, 1968

Class of Premises	Number of premises newly registered during the year	Total Number of registered premises at end of year	Number of registered premises receiving one or more general inspections during the year
Offices	81	775	362
Retail shops	131	1,815	1,113
Wholesale shops, warehouses..	5	118	40
Catering establishments open to the public, canteens	22	288	253
Fuel storage depots	0	5	1
TOTALS	239	3,001	1,769

Number of visits of all kinds (including general inspections)
to registered premises 9,765

Class of Workplace	Number of Persons Employed
Offices	7,362
Retail shops.. .. .	10,814
Wholesale departments, warehouses	1,258
Catering establishments open to the public	2,950
Canteens	159
Fuel storage depots	59
Total	22,602
Total Males	8,411
Total Females	14,191

EXEMPTIONS

Section	Current at 31st Dec., 1968	Granted 1968	Refused or withdrawn 1968
Space Sec. 5(2) 	Nil	Nil	Nil
Temperature Sec. 6 	Nil	Nil	Nil
Sanitary Conveniences Sec. 9 	4	1	2
Washing Facilities Sec. 10 	1	0	2

ANALYSIS OF CONTRAVENTIONS

Section	Number of Contraventions	
	Found	Remedied
4 Cleanliness	402	466
5 Overcrowding	15	4
6 Temperature	232	333
7 Ventilation	154	176
8 Lighting	65	52
9 Sanitary Conveniences	544	719
10 Washing Facilities	318	377
11 Supply of Drinking Water	33	20
12 Clothing Accommodation	34	36
13 Sitting Facilities	12	7
14 Seating	—	8
15 Eating Facilities	5	9
16 Floors, Passages and Stairs	292	426
17 Fencing of Machinery	136	173
18 Protection of Young Persons from Dangerous Machinery	3	3
19 Training of Young Persons Working at Dangerous Machinery	2	3
23 Prohibition of Heavy Work	3	7
24 First Aid General Provisions	300	349
27 Dangerous Acts	59	64
49 Non-Notification of Employment of Persons	115	142
50 Information for Employees	276	344
TOTALS	3,000	3,718

(Contraventions Remedied include some found in 1967)

Number of inspectors appointed under Section 52(1) or (5) of the Act	25
Number of other staff employed for most of their time on work in connection with the Act	3

PROSECUTIONS

Prosecutions Instituted of which the Hearing was Completed in the Year									
Section of Act or Title of Regulations or Order								No. of Informations Laid	No. of Informations Leading to a Conviction
Section 4	..	..	..	..	..	..	..	1	1
Section 6	..	..	..	..	..	..	..	4	4
Section 7	..	..	..	..	..	..	..	4	4
Section 9	..	..	..	..	..	..	..	1	1
Section 9 and Sanitary Convenience Regulations, 1964 (Regulation 6)			..	..	..	..	..	2	2
Section 10	..	..	..	..	..	..	..	2	1
Section 11	..	..	..	..	..	..	..	1	1
Section 12	..	..	..	..	..	..	..	1	1
Section 16	..	..	..	..	..	..	..	2	2
Section 17	..	..	..	..	..	..	..	1	1
Section 18	..	..	..	..	..	..	..	2	2
Section 27	..	..	..	..	..	..	..	1	1
Section 48	..	..	..	..	..	..	..	2	2
Section 49 and Notification of Employment of Persons Order, 1964			..	..	..	..	..	1	1
Section 50 and Information for Employees Regulations, 1965 (Regulation 3)				..	..	..	..	1	1
Section 53	.	..	..	..	..	..	..	1	1

Number of persons or companies prosecuted	..	..	..	14
Number of complaints (or summary applications) made under Section 22	..	..	..	Nil
Number of interim orders granted	..	..	..	Nil

REPORTED ACCIDENTS

Workplace	Number Reported		Total No. Investigated	Action Recommended			
	Fatal	Non Fatal		Prosecution	Formal Warning	Informal Advice	No Action
Offices	Nil	7	4	Nil	Nil	4	3
Retail shops	Nil	62	24	2	1	21	38
Wholesale shops, Warehouses	Nil	11	6	Nil	Nil	6	5
Catering establishments open to public, canteens	Nil	11	6	Nil	Nil	6	5
Fuel storage depots ..	Nil	Nil	Nil	Nil	Nil	Nil	Nil
TOTALS	Nil	91	40	2	1	37	51

ANALYSIS OF REPORTED ACCIDENTS

	Offices	Retail Shops	Wholesale Warehouses	Catering Establishments, open to public, Canteens	Fuel Storage Depots
Machinery	Nil	5	1	Nil	Nil
Transport	Nil	2	1	Nil	Nil
Falls of persons	3	27	2	6	Nil
Stepping on or striking against object or person ..	Nil	1	1	Nil	Nil
Handling goods	3	16	4	3	Nil
Struck by falling object ..	Nil	3	Nil	1	Nil
Fires and explosions ..	Nil	Nil	Nil	Nil	Nil
Electricity	1	Nil	Nil	Nil	Nil
Use of hand tools	Nil	3	Nil	1	Nil
Not otherwise specified ..	Nil	5	2	Nil	Nil

ACCIDENT BREAKDOWN ACCORDING TO WORKPLACE

Code No.	Classification and Cause of Accident	Office	Retail Shop	Wholesale or Warehouse	Catering Establish-ment open to public	Fuel Storage Depot	Total
11	Non-power driven machinery in motion	—	2	—	—	—	2
13	Power driven machinery in motion	—	2	1	—	—	3
31	Non-powered vehicles	—	1	—	—	—	1
33	Vehicles in motion moved by power	—	1	—	—	—	1
34	Stationary vehicle	—	—	1	—	—	1
43	Electrical	1	—	—	—	—	1
45	Hand tools	—	3	—	1	—	4
51	Falls on stairs	—	8	—	1	—	9
52	Falls from ladders and steps ..	—	4	—	1	—	5
54	Falls on same level	3	15	2	3	—	23
61	Collisions	—	1	1	—	—	2
62	Handling goods	3	16	4	4	—	27
63	Struck by falling object	—	3	—	1	—	4
64	Unspecified	—	6	2	—	—	8
	TOTAL	7	62	11	11	—	91/91

ACCIDENTS TO WORKERS UNDER 18 YEARS OLD MALE

No.	Code	Classification and Cause
2	11	Non-power driven machinery in motion
2	45	Handling tools
TOTAL		4 Accidents to males under 18 years of age.

FEMALE

No.	Code	Classification and Cause
1	51	Fall on or from fixed stairs
2	54	Fall on same level
1	63	Struck by falling object
1	64	Not specified
TOTAL		5 Accidents to females under 18 years of age.

HEALTH EDUCATION

During the year lectures on the work of the Public Health Inspector's Department were given to 30 meetings of organizations within the City, with a total attendance of 1,200 people.

Food Hygiene is still the topic most commonly requested as a subject for a lecture and is, in addition, a subject upon which great emphasis is placed. The management of the large retail food shops co-operate in this respect in allowing lectures to be given to their employees engaged in food handling and, during the year, 15 formal instructional lectures were given to 632 food handlers. In addition many informal talks were given to food workers in shops and kitchens.

A display panel situated in the centre of the City is frequently in use to publicise these differing functions of the Department through the media of posters, photographs and similar display material. Where requested, these displays and lectures are given in schools.

FACTORIES ACT, 1961

TABLE 1 — INSPECTION

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities . .	18	18	—	—
2. Factories not included in 1, in which Section 7 is enforced by the Local Authority . .	1,062	254	24	—
3. Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	10	3	—	—
Total	1,090	275	24	—

TABLE 2 — DEFECTS

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3) ..	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) ..	—	—	—	—	—
Sanitary Conveniences (S.7) :					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	46	30	—	5	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)..	—	—	—	—	—
Total	46	30	—	5	—

**TABLE 3 — HOMEWORK
(Sections 133-134)**

Nature of Work	Section 133			Section 134		
	No. of outworkers in August list required by Section 133(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel { Making etc., Cleaning and Washing	28	—	—	—	—	—
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	10	—	—	—	—	—
Total	38	—	—	—	—	—

SWIMMING BATHS AND PADDLING POOLS

Type	No.	No. of Samples			
		Bacteriological		Chemical	
		Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Public Swimming Pools	6	39	—	52	3
School Pools 	18	3	—	53	8
Paddling Pools 	5	—	—	30	5
Other Pools 	1	—	1	1	2

During the year 194 visits of inspection were made to swimming pools within the City. One public swimming bath is privately owned and consists of one open air pool; the other two are Corporation owned and contain five pools. Four of the paddling pools are in local parks, and the fifth is in the Coombe Abbey Park.

The bacteriological sample found to be unsatisfactory was taken when the pool was out of use and not subject to chlorination. The result was used to instruct the personnel responsible for maintaining the pool when in operation. It was taken following two unsatisfactory chemical samples from the pool when no free residual chlorine was found.

In addition, 11 other samples of water examined for free residual chlorine levels and for the pH value of the water were unsatisfactory in that the chlorine levels were low. In all instances the levels were quickly corrected by plant adjustment and the use of supplementary chemical treatment.

Paddling pools again presented a problem and on five occasions the chlorine levels were low. Plant adjustment soon converted the levels, but it is essential that, with the shallow water, variable load and weather conditions, constant supervision of the pools be maintained.

RIVERS, STREAMS AND CANALS

Inspections were made on 356 occasions at various points on the rivers, streams and canals within the City. Sixty samples of water were taken from the rivers and streams and 17 from the canals, and submitted for analysis.

In eight instances the samples taken from the rivers and streams revealed pollution. Five of these were from the stream at Wall Hill Road in the summer months, when gross sewage contamination was found. This pollution is the result of overflowing cesspools and septic tanks serving houses in Hawkes Mill Lane (formerly in the Rural District) and the problem will not be satisfactorily resolved until these houses are connected to the Coventry sewerage system. The other samples were taken from the River Sowe and its tributaries. The results obtained indicated that some form of organic pollution had taken place, but immediate investigation and repeat sampling failed to establish a cause and showed that the river had returned to its normal quality; and that the pollution was transitory.

In general the condition of the rivers and streams has remained good. Once again samples of the River Sowe at its entrance to the City show a high saline content, probably due to colliery pumpings within the area, but this is rapidly reduced by dilution. In seven instances oil pollution of the rivers was observed and was referred to the City Engineer for action.

Two complaints were also received about empty food tins floating down the River Sherbourne in the City Centre. These were investigated and it was found that a cafe was disposing of its empty food tins in this manner, a sly return to the mediaeval open sewer system. This practice was soon stopped.

The samples taken from the sections of the canals at present in use were satisfactory, but six samples taken from the disused Alexandra Basin and Brindley's Loop, Ringwood Highway, showed a high level of pollution from rotting vegetation and refuse. This has been the subject of numerous complaints from local residents. The section of the canal has been sealed off by the erection of sheet piling at one end and by the concrete base for a gas main at the other end. Under these circumstances it will remain a source of complaint until the section is filled in, and at present negotiations are taking place for the Local Authority to acquire this stretch of the Canal.

PREVENTION OF DAMAGE BY PESTS, ACT 1949

Total number of properties in the City	126,410
Number of properties inspected following complaint	1,886
Number infested by rats	1,327
Number infested by mice	217
Properties inspected other than following complaint	630
Number infested by rats	463
Number infested by mice	23
Number of waste sites treated	426
Number of sewer treatments made	3,018
Numbers indicating infestations	542
Total number of baits laid	13,013
Total number of inspections	8,987

COVENTRY CORPORATION ACT, 1948

SECTION 57 — HAIRDRESSERS AND BARBERS PREMISES

Number of applications for registration	17
Number of registrations deleted	3
Total number of registrations at year end	292
Number of inspections of registered premises	167

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

Three licences were issued for the year, subject to conditions set out in each licence. Twelve inspections were made of the licensed premises.

RIDING ESTABLISHMENTS ACT, 1964

Four licences to keep a riding establishment were issued for the year.

PET ANIMALS ACT, 1951

Twenty licences were issued for the year. Thirty-nine inspections were made of such premises.

COMMON LODGING HOUSES

The only registered common lodging house within the City is the Salvation Army Hostel. It provides accommodation for 150 men, and facilities are available for these men to obtain full board if required.

In general, the premises are clean and well maintained, but the general structure of the property, its age and state of decay give rise to some cause for concern. The premises, however, have a limited life, and it is expected that the building of a new hostel will start in two years' time.

During the year two general inspections of the premises were carried out, and ten visits for other purposes were made. No cases of overcrowding were found, and improvements and alterations which were required, particularly in respect of the kitchen facilities, have been carried out.

A Keeper and two Deputy Keepers appointed in respect of the hostel are registered with the Local Authority, and one of the Deputy Keepers is permanently resident on the premises.

SUMMARY OF VISITS 1968

Total visits and inspections	..	..	..	..	..	68,930
1. Houses inspected under Public Health Act	..	..				2,575
2. Other visits under Public Health Act	..	..				6,981
3. Houses inspected under Housing and Rent Acts	..					4,909
4. Houses in Multiple Occupation inspected..	..	..				1,700
5. Houses inspected for overcrowding	..	..	..			18
6. Inspection of places of entertainment	..	..	..			36
7. Visits to caravans and caravan sites	..	..	..			85
8. VISITS TO FOOD PREMISES:						
Individual food premises inspected ..	..	..	..	..		6,219
a. Dairies	..	..	..	..	..	248
b. Milk Shops	..	..	..	..	..	935
c. Preserved food premises	..	..	..	..		896
d. Ice Cream premises (sale)	..	..	..	..		723
e. Cafes and Restaurants	..	..	..	..		1,270
f. Markets	..	..	..	..	..	122
g. Bakehouses	..	..	..	..	..	151
h. Food Vehicles	..	..	..	..	..	582
i. Butchers Shops..	..	..	..	..	..	752
j. Fish Mongers	..	..	..	..	..	171
k. Grocers	..	..	..	..	..	1,735
l. Food Warehouses	..	..	..	..	..	86
m. Canteens and Kitchens – Schools	..	..	..	..		228
n. Canteens and Kitchens – Others	..	..	..	..		278
o. Other food premises	..	..	..	..	..	2,186
p. Licensed premises	..	..	..	..	..	738
OTHER SPECIAL VISITS:						
9. Pet Shops	..	..	..	..	..	39
10. Canal Boats	..	..	..	..	..	4
11. Common Lodging Houses	..	..	..	..	..	12
12. Hairdressing Premises ..	..	..	..	..	..	167
13. Offensive Trades Premises	..	..	..	..	..	23
14. Inspection of premises – Rag Flock, etc., Act	..	..				—
15. Observations and visits for smoke and fumes	..	..				3,069
16. Visits – Smoke Control Areas	..	..	..	..		4,620
17. Observations and visits – noise	..	..	..	..		948

18. Visits to factories with power	..	..	..	..	254
19. Visits to factories without power	..	..	..	..	18
20. Visits to outworkers premises	..	..	..	..	21
21. Inspections under Pest Control	..	..	..	..	8987
22. Inspection of Swimming Pools	..	..	..	..	194
23. Water sampling – water courses and rivers	..	..	..	..	356
24. Visits – food poisoning/infectious diseases	..	..	..	..	708
25. Visits – food inspection	..	..	..	..	1,047
26. Animal Boarding Establishments/Riding Schools	..	..	..	..	12
27. Miscellaneous Visits	..	..	..	..	6,781
28. Other Visits (special purposes)	..	..	..	..	4,503

VISITS UNDER OFFICES, SHOPS AND RAILWAY
PREMISES ACT, 1963:

29. Offices – G.I.	..	..	..	..	..	..	588
30. Offices – O.V.	..	..	..	..	..	..	1,725
31. Retail Shops – G.I.	..	..	..	..	..	..	1,616
32. Retail Shops – O.V.	..	..	..	..	..	..	4,893
33. Wholesale Shops/Warehouses – G.I.	..	..	..	..	..	..	92
34. Wholesale Shops/Warehouses – O.V.	..	..	..	..	..	..	144
35. Catering Establishments – G.I.	..	..	..	..	..	..	317
36. Catering Establishments – O.V.	..	..	..	..	..	..	388
37. Fuel Storage – G.I.	..	..	..	..	..	..	1
38. Fuel Storage – O.V.	..	..	..	..	..	..	1

G.I. = General Inspection of Premises

O.V. = Other Visits to Premises

WORK EFFECTED UNDER THE PUBLIC HEALTH ACTS AND HOUSING ACTS

Year	1966	1967	1968
Number of complaints received	4,222	3,790	3,352

DWELLING HOUSES (REPAIRS)

External

Roofs repaired	306	294	204
Walls and chimney stacks repaired ..	43	84	127
Yards and passages repaired	45	16	9
Drains including roof drainage cleared or repaired	765	443	483
Sanitary accommodation repaired or pro- vided	214	131	74
Other repairs	109	73	210

Internal

Floors repaired	129	123	78
Walls and ceilings repaired	332	397	222
Dampness remedied	385	225	142
Windows repaired	433	428	314
Staircases repaired	25	27	14
Firegrates and flues repaired	35	13	16
Premises cleansed or disinfested ..	—	—	271
Sinks, baths, etc., repaired	56	44	23
Water supply provided	8	6	23

Miscellaneous

Refuse disposal and/or storage	182	86	41
Other matters	97	92	124
	3,188	2,484	2,375

HOUSES IN MULTIPLE OCCUPATION

Amenities provided

Miscellaneous	84
Ventilated food stores	11
Additional or improved lighting	14
Hot or Cold water supplies	5
Additional sinks	3
Additional cookers	2
Additional refuse bins	—
Additional water closets	—
Improved ventilation	8
Baths, Showers, Wash Hand Basins ..	3
Fire escapes	7

NOTICES SERVED AND COMPLIED WITH

	<i>Served</i>	<i>Complied with</i>
Informal notices	803	472
Statutory notices under Public Health Acts	503	550
Notices under Housing Acts	477	33
Notices under Food and Drugs Acts	911	835
Notices under Factories Act	42	32
Notices under Clean Air Act	12	14
Notices under Offices and Shops Act	1,041	1,142
Notices under other Acts	22	22

IMPROVEMENTS EFFECTED AT FOOD PREMISES

	1966	1967	1968
Total number of improvements effected	1,883	3,383	4,213

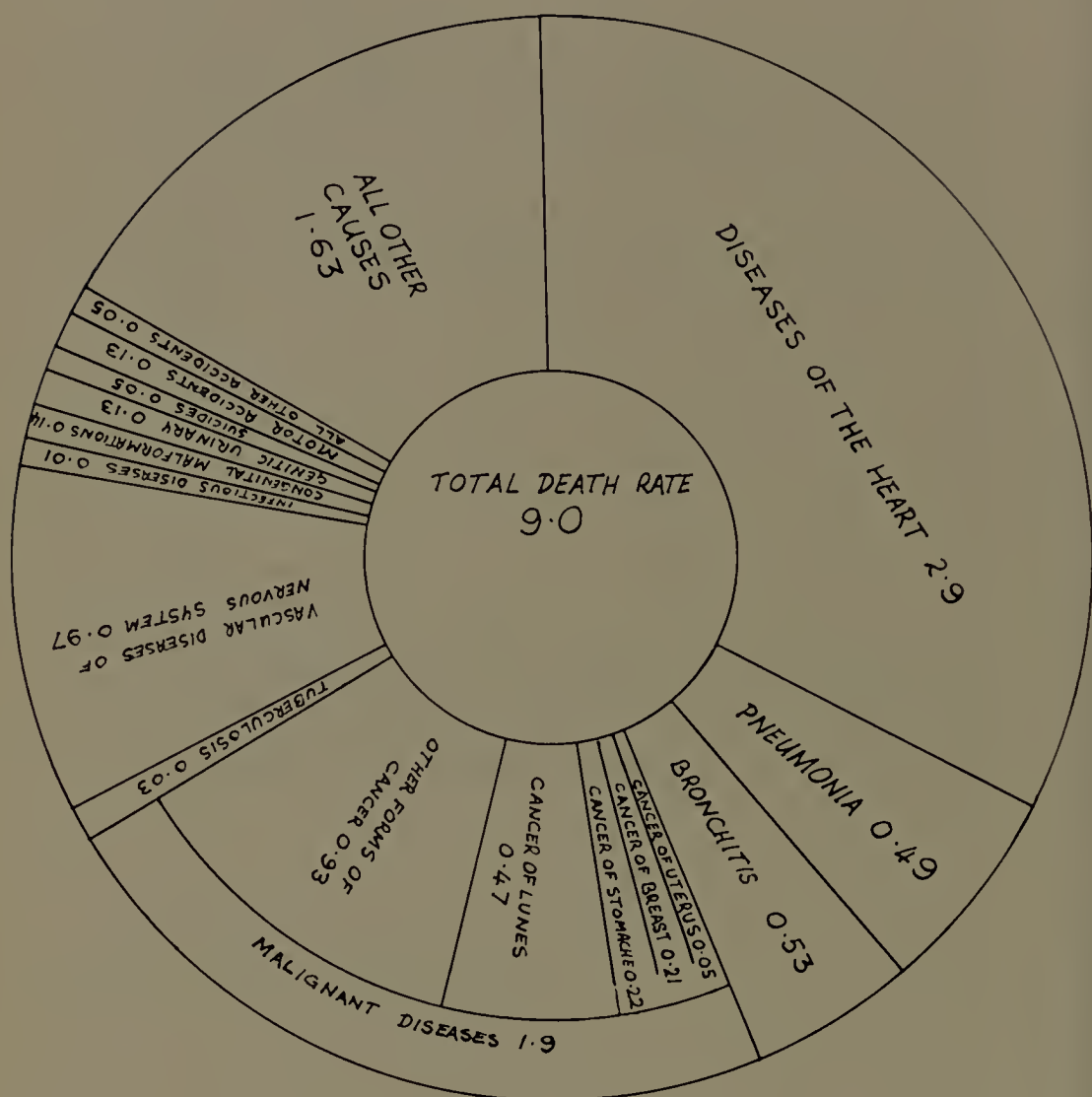
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**TABLE OF VITAL STATISTICS OVER A PERIOD OF
TEN YEARS FOR COVENTRY, ENGLAND AND WALES**

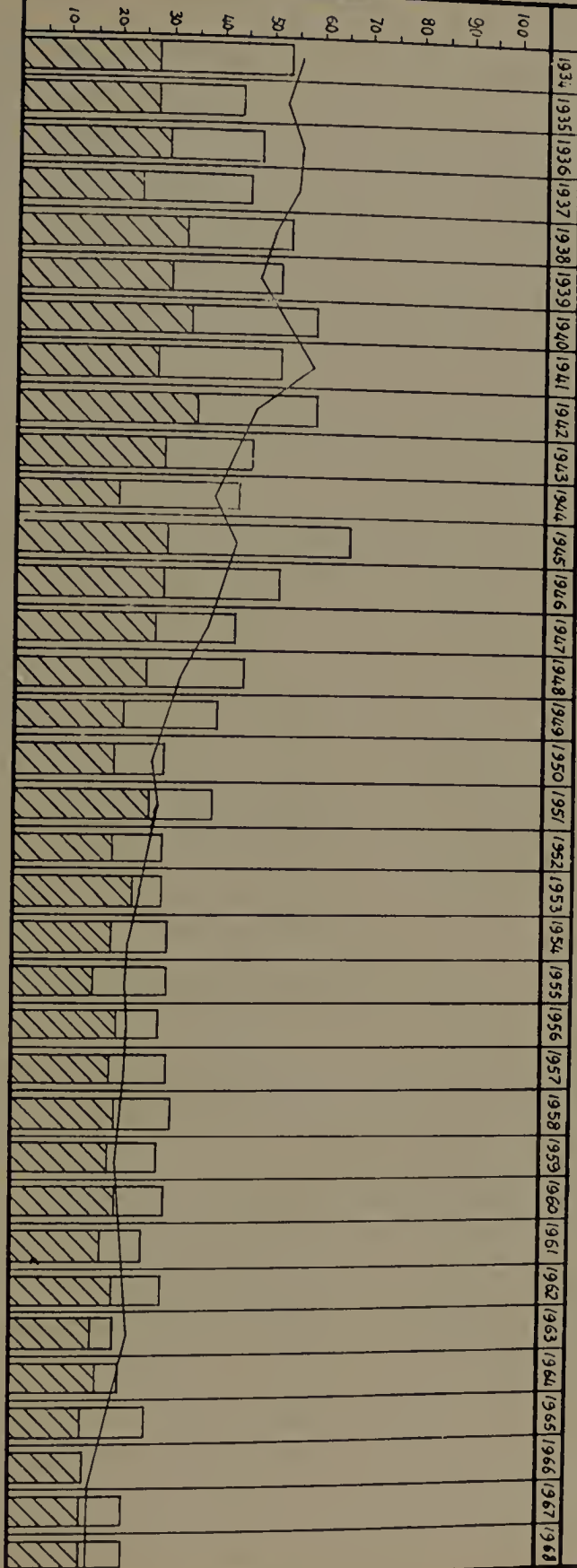
Year	Birth Rate		Death Rate		Infantile Mortality Rate	
	Coventry	England and Wales	Coventry	England and Wales	Coventry	England and Wales
1958	18.38	16.4	8.8	11.7	30.2	22.6
1959	19.02	16.5	8.8	11.6	26.3	22.2
1960	20.61	17.1	9.16	11.5	27.29	21.9
1961	20.5	17.4	9.2	12.0	23.4	21.6
1962	20.94	18.0	9.49	11.9	24.6	21.6
1963	21.01	18.2	9.37	12.2	20.3	20.9
1964	20.1	18.4	8.9	11.3	20.5	20.0
1965	20.25	18.0	9.1	11.5	22.3	19.0
1966	19.87	17.7	8.95	11.7	20.36	19.0
1967	19.33	17.2	9.1	11.2	22.1	18.3
1968	19.2	16.9	9.0	11.9	22.0	18.0

PRINCIPAL CAUSES OF DEATH **PROPORTION TO TOTAL CAUSES 1968**



TOTAL NUMBER OF DEATHS 3,025
TOTAL DEATH RATE FROM ALL CAUSES 9.0

CHART SHOWING INFANT MORTALITY PER 1000 BIRTHS IN COVENTRY



THE INFANT DEATH RATE PER 1,000 BIRTHS IS REPRESENTED BY THE CHIMNEYS, THE SHADED PORTION OF WHICH REPRESENTS THE DEATH RATE AMONGST BABIES UNDER FOUR WEEKS OF AGE (I.E. THE NEONATAL DEATH RATE) THE INFANT DEATH RATE FOR ENGLAND AND WALES IS REPRESENTED BY THE LINE.

CAUSES OF AND AGES AT DEATH, 1968

CAUSES OF DEATH	Total Deaths 1968			Under 1 Year	1-5 years	5-15 years	15-45 years	45-65 years	65 and over
	Male	Female	Total						
Typhoid Fever	—	1	1	—	1	—	—	—	—
Enteritis and other Diarrhoeal diseases ..	4	6	10	6	3	—	—	1	—
Tuberculosis Respiratory	9	2	11	—	—	—	1	5	5
Tuberculosis other	3	1	4	—	—	—	4	—	—
Meningococcal Infection	—	2	2	1	1	—	—	—	—
Measles	—	1	1	1	—	—	—	—	—
Syphilis and its Sequelae	1	—	1	—	—	—	—	1	—
Other infective and parasitic diseases ..	2	1	3	2	—	—	1	—	—
Malignant Neoplasm — Stomach	37	32	69	—	—	—	2	19	48
Malignant Neoplasm — Lungs — Bronchus	125	32	157	—	—	—	5	73	79
Malignant Neoplasm — Breast	1	64	65	—	—	—	5	34	26
Malignant Neoplasm — Uterus	—	19	19	—	—	—	4	14	1
Leukaemia	14	9	23	—	1	—	8	7	7
Other Malignant Neoplasms	174	126	300	—	2	2	12	113	171
Benign and unspecified Neoplasms	2	5	7	—	—	1	1	5	—
Diabetes Mellitus	11	27	38	—	—	—	—	10	28
Other Endocrine etc. Diseases	4	8	12	2	1	—	—	4	5
Anaemias	1	2	3	—	—	—	—	2	1
Other diseases of blood etc.	2	—	2	—	1	—	—	—	1
Mental diseases	2	1	3	—	—	—	—	1	2
Meningitis	2	2	4	3	—	—	—	—	1
Other diseases of the nervous system ..	16	13	29	—	1	2	8	5	13
Chronic Rheumatic Heart diseases	14	36	50	—	—	—	4	16	30
Hypertensive disease	24	28	52	—	—	—	2	15	35
Ischaemic Heart Disease	486	322	808	—	—	—	19	243	546
Other forms of Heart Disease	68	60	128	—	—	—	4	13	111
Cerebro Vascular Disease	146	180	326	—	—	—	16	69	241
Other disease of circulatory system ..	50	51	101	—	—	—	2	21	78
Influenza	5	6	11	—	—	—	—	—	11
Pneumonia	70	95	165	11	6	—	2	16	130
Bronchitis and Emphysema	126	53	179	—	—	1	1	51	126
Asthma	3	7	10	—	—	—	6	2	2
Other disease of Resp System	47	17	64	23	6	1	1	11	22
Peptic Ulcer	18	14	32	—	—	—	—	8	24
Appendicitis	1	2	3	—	1	—	1	—	1
Intestinal obstruction hernia	6	6	12	1	—	—	1	2	8
Cirrhosis of Liver	7	3	10	—	—	1	2	3	4
Other diseases of digestive system	10	20	30	—	2	—	6	3	19
Nephritis and Nephrosis	13	8	21	—	—	—	2	7	12
Hyperplasia of Prostate	6	—	6	—	—	—	—	—	6
Other diseases genito urinary system ..	7	11	18	—	—	—	1	4	13
Abortion	—	1	1	—	—	—	1	—	—
Complications of Pregnancy	—	2	2	—	—	—	2	—	—
Diseases of skin subcutaneous tissue ..	1	1	2	—	—	—	—	1	1
Diseases of musculo-skeletal system ..	7	6	13	—	—	1	—	6	6
Congenital anomalies	20	28	48	39	1	3	1	3	1
Birth injuries	19	16	35	35	—	—	—	—	—
Other causes of perinatal mortality ..	12	4	16	16	—	—	—	—	—
Symptoms and ill-defined conditions ..	5	14	19	—	—	—	—	—	19
Motor vehicle accidents	32	11	43	—	3	8	19	6	7
All other accidents	16	14	30	1	—	4	6	6	13
Suicide and self inflicted injuries	12	6	18	—	—	—	6	8	4
All other external causes	5	3	8	—	—	—	5	3	—
Total — all causes	1646	1379	3025	141	30	24	161	811	1858

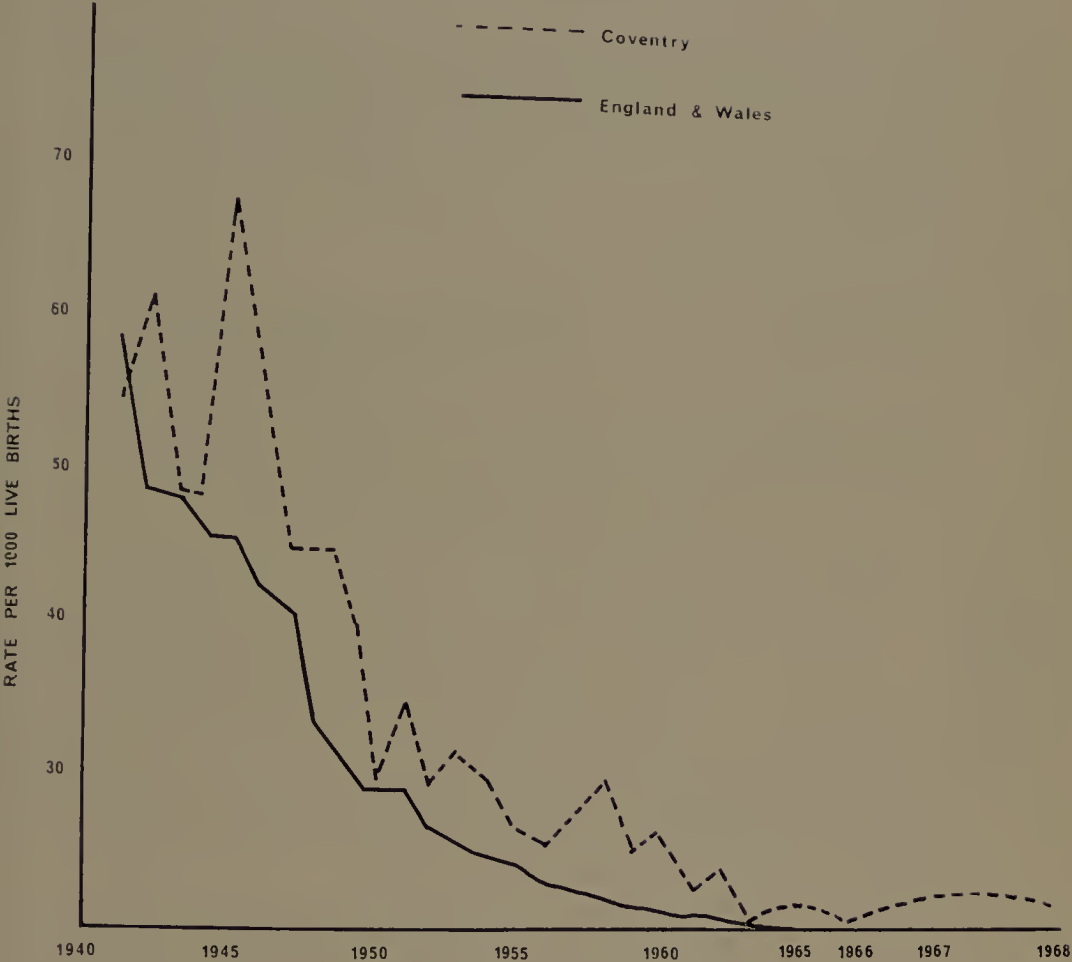
VITAL STATISTICS OF CITY FROM 1936 to 1968 INCLUSIVE

Year	Population estimated to middle of each year	Live Births		Total Deaths Registered in the City		Transferable Deaths		Nett Deaths belonging to the City				
		Un-corrected Number	Nett	Number	Rate per 1,000 population	of Non-residents registered in the City	of Residents not registered in the City	Under 1 Year of Age		At all Ages		
								Number	Rate per 1,000 Nett Births		Number	Rate per 1,000 population
1936	192,360	3,009	2,912	15.1	1,960	10.1	100	101	151	51.8	1,961	10.1
1937	206,500	3,306	3,254	15.7	2,154	10.4	126	128	158	48.5	2,156	10.4
1938	219,900	3,724	3,624	16.5	2,074	9.4	139	156	208	56.0	2,091	9.5
1939	234,000	4,155	4,155	17.7	2,179	9.3	100	129	227	54.6	2,208	9.4
1940	229,400	3,973	3,973	16.4	3,157	13.0	238	298	248	63.0	3,217	13.3
1941	193,070	3,301	3,301	17.1	2,097	10.1	142	670	156	54.8	2,483	12.8
1942	207,200	3,996	3,996	19.3	1,617	8.0	59	577	249	62.3	2,076	10.2
1943	214,870	4,889	4,889	21.2	1,683	7.3	57	593	244	49.9	2,219	9.6
1944	220,400	5,466	5,466	22.8	1,664	6.9	81	583	265	48.4	2,166	9.0
1945	221,970	4,949	4,949	22.2	1,847	8.3	68	569	338	68.2	2,348	10.5
1946	232,850	4,326	5,225	22.4	1,856	7.9	69	562	284	54.3	2,349	10.0
1947	242,860	4,787	5,643	23.2	2,051	8.4	126	503	255	45.1	2,428	9.9
1948	250,400	4,249	5,101	20.3	1,803	7.2	65	489	232	45.5	2,227	8.8
1949	254,900	3,931	4,743	18.6	1,862	7.3	71	552	187	39.4	2,414	9.4
1950	256,800	3,956	4,450	17.3	1,864	7.3	113	569	145	32.6	2,433	9.4
1951	258,100	3,576	4,326	16.7	2,176	8.4	99	608	154	35.6	2,685	10.4
1952	261,000	3,389	4,159	15.9	1,836	7.0	94	605	132	31.7	2,347	8.9
1953	263,000	3,524	4,250	16.1	1,952	7.4	88	373	142	33.4	2,237	8.5
1954	264,600	3,465	4,171	15.76	1,938	7.3	100	336	127	30.4	2,174	8.2
1955	267,300	3,576	4,300	16.09	2,133	8.0	123	314	120	27.9	2,324	8.7
1956	272,600	3,876	4,640	17.02	2,131	7.8	118	241	124	26.7	2,254	8.3
1957	277,300	4,099	4,925	17.76	2,016	7.3	116	320	141	28.6	2,220	8.0
1958	281,000	4,395	5,164	18.38	2,027	7.2	118	577	156	30.2	2,486	8.8
1959	285,700	4,640	5,433	19.02	2,153	7.5	147	517	143	26.3	2,523	8.8
1960	291,000	5,066	5,998	20.61	2,287	7.9	137	518	163	27.2	2,668	9.16
1961	305,780	5,086	6,269	20.5	2,447	8.0	137	506	147	23.4	2,816	9.2
1962	310,640	4,947	6,504	20.94	2,541	8.4	149	556	160	24.6	2,949	9.49
1963	313,900	5,009	6,594	21.01	2,388	7.7	164	595	134	20.3	2,940	9.37
1964	315,670	4,870	6,362	20.1	2,469	7.5	153	513	134	20.5	2,829	8.9
1965	327,120	4,978	6,623	20.25	2,541	7.9	146	586	148	22.3	2,979	9.1
1966	331,950	5,808	6,581	19.87	2,402	7.3	152	591	134	20.36	2,971	8.95
1967	333,850	6,252	6,455	19.33	2,522	7.5	143	525	143	22.1	3,047	9.1
1968	335,410	6,382	6,431	19.2	2,682	7.7	133	476	141	22.0	3,025	9.0

INFANT MORTALITY 1968

Cause of Death	Under four weeks	Four weeks and under one year	Total
Enteritis and other Diarrhoeal Diseases	—	6	6
Meningococcal Infection	—	1	1
Measles	—	1	1
Other infective and Parastic Diseases	2	—	2
Other Endocrine etc. Diseases	2	—	2
Meningitis	2	1	3
Pneumonia	2	9	11
Other diseases of Respiratory System	3	20	23
Intestinal obstruction and hernia	1	—	1
Congenital Abnormalities	27	12	39
Birth injury, difficult labour, etc. . . .	34	1	35
Other causes of perinatal mortality	16	—	16
All other accidents	—	1	1
Total — All causes	89	52	141

INFANTILE MORTALITY - DEATHS PER 1000 LIVE BIRTHS



VITAL STATISTICS (Historical Summary)

Year	Houses Inhabited (December)	Vacant	Population (Mid-year)	Mortality	Infection Mortality	Deaths under one year per 1,000 born	Birth Rate	Year	Houses Inhabited (December)	Vacant	Population (Mid-year)	Mortality	Infection Mortality	Deaths under one year per 1,000 born	Birth Rate
1801	2,930	—	16,034	—	—	—	—	1831	41,275	917	168,900	10.0	0.10	57.7	14.8
1811	3,448	*60	17,923	—	—	—	—	1832	45,781	1,000	182,000†	9.4	0.33	69.7	13.5
1821	3,729	*114	21,448	—	—	—	—	1833	47,175	1,000	184,500	9.9	0.21	64.5	13.4
1831	5,444	*421	27,298	—	—	—	—	1834	48,730	1,500	184,900	10.0	0.17	57.1	13.6
1841	6,531	*590	31,032	—	—	—	—	1835	50,622	1,854	190,000	9.7	0.16	46.5	14.4
								1836	54,273	1,361	192,360	10.1	0.20	51.8	15.1
								1837	57,888	1,606	206,500	10.4	0.18	48.5	15.7
1851	7,783	*151	36,812	27.0	—	—	—	1838	61,580	1,316	229,900	9.5	0.13	56.0	16.5
1861	8,991	*1,026	40,936	25.0	—	—	—	1839	—	—	—	9.4	—	54.6	17.7
1871	8,535	*816	37,670	22.0	—	—	—	1840	—	—	229,400	13.3	0.11	63.0	16.4
1881	9,239	*643	42,111	20.0	3.3	150.0	35.4	1841	—	—	193,070	12.8	0.21	54.8	17.1
1891	11,465	*284	52,724	18.5	1.7	142.0	32.0	1842	—	—	207,200	10.2	0.07	62.3	19.3
1901	15,571	353	69,978	16.96	1.9	153.7	29.8	1843	—	—	214,870	9.6	0.23	49.9	21.2
1911	23,515	95	106,349	13.7	1.4	109.3	28.0	1844	65,926	—	220,400	9.0	0.24	48.4	24.8
1921	28,355	¶502	128,157	11.3	0.7	83.6	23.2	1845	—	—	221,970	10.5	0.30	68.2	22.2
1931	41,275	¶917	167,083	10.1	0.2	67.7	15.7	1846	—	—	232,850	10.0	0.32	54.3	22.4
1951	—	—	258,211	10.7	0.17	52.4	18.0	1847	68,900	—	242,860	9.9	0.18	45.1	23.2
								1848	69,950	—	250,400	8.8	0.10	45.5	20.3
1911	23,515	95	107,287	13.3	2.08	109.8	26.9	1849	70,550	—	254,900	9.4	0.11	39.4	18.6
1912	24,590	50	111,166	11.9	1.35	76.1	26.4	1850	71,720	—	256,800	9.4	0.06	32.6	17.3
1913	25,051	113	115,064	11.4	0.84	91.6	26.0	1951	72,497	—	258,100	10.4	0.03	35.6	16.7
1914	25,860	99	119,003	11.7	0.70	84.6	26.9	1952	73,828	265	261,000	8.9	0.05	31.7	15.9
1915	26,667	56	122,982	12.9	1.39	87.8	23.8	1953	76,150	157	263,000	8.5	0.04	33.4	16.1
1916	27,366	12	127,089	10.9	1.23	87.5	23.5	1954	76,458	95	264,000	8.2	0.015	30.4	15.76
1917	27,531	15	130,000	10.4	0.47	78.5	20.2	1955	79,369	400	267,300	8.7	0.026	27.9	16.09
1918	27,735	25	133,000	14.6	0.42	92.5	20.7	1956	82,089	500	272,600	8.3	0.007	26.7	17.02
1919	27,829	48	136,000	9.3	0.32	82.8	18.2	1957	84,000	750	277,300	8.00	0.032	28.6	17.76
1920	27,973	28	130,000	9.8	0.35	76.0	25.0	1958	86,400	800	281,000	8.8	0.014	30.2	18.38
1921	28,355	¶502	128,157	10.2	0.25	79.3	22.1	1959	88,800	800	285,700	8.83	—	26.3	19.02
1922	28,661	72	129,000	10.6	0.34	70.4	18.9	1960	90,000	800	291,000	9.16	0.02	27.29	20.61
1923	29,414	40	130,500	9.3	0.20	64.9	16.9	1961	92,000	800	305,780	9.2	0.009	23.4	20.5
1924	29,685	90	132,000	9.6	0.19	79.4	16.0	1962	93,000	800	310,640	9.49	0.003	24.6	20.94
1925	30,199	83	133,500	10.6	0.30	77.1	16.3	1963	94,000	800	313,900	9.37	0.003	20.3	21.01
1926	31,034	111	135,000	9.7	0.15	68.9	15.7	1964	95,800	800	315,670	8.9	0.003	20.5	20.1
1927	32,260	151	139,000	10.2	0.23	63.4	14.8	1965	100,400	800	327,120	9.1	0.003	22.3	20.25
1928	38,474	175	161,600‡	9.6	0.34	65.7	14.4	1966	102,200	900	331,950	8.95	0.006	20.36	19.87
1929	39,374	750	163,700	12.1	0.63	73.1	14.8	1967	103,600	900	333,850	9.1	0.009	22.1	19.33
1930	40,519	800	165,800	10.1	0.32	57.0	14.5	1968	107,700	956	335,410	9.0	0.01	22.0	19.2

*This number includes all business offices, whether in dwelling houses or factories not occupied on the night the Census was taken.

†This number omits all business offices, factories, etc.

‡In these years an extension of the City boundaries took place.

¶The Census returns show unoccupied "dwellings" — not houses

VENEREAL DISEASES

Return Relating to Cases Treated at the Coventry and Warwickshire Hospital, 1968

New cases of infections	Totals	Males	Females
1. Syphilis:			
(i) Primary	4	3	1
(ii) Secondary	4	4	—
(iii) Latent in first year of Infection	—	—	—
(iv) Cardio-vascular	3	2	1
(v) Of the nervous system	2	1	1
(vi) All other late and latent stages	2	2	—
(vii) Congenital (under 1 year)	—	—	—
(viii) Congenital (over 1 year)	1	—	1
Total of Lines included 1	16	12	4
2. Gonorrhoea	420	297	123
3.			
(i) Chancroid	—	—	—
(ii) Lymphogranuloma Venereum (Syn. Lymphogranuloma Inguinale)	2	2	—
(iii) Granuloma Inguinale (Syn. Granuloma Venereum)	—	—	—
(iv) Non-Gonococcal Urethritis	299	299	—
(v) Non-Gonococcal Urethritis with Arthritis	2	2	—
(vi) Trichomonal Infestations	—	—	—
(vii) Late or Latent Treponematoses presumed to be non-Syphilitic	8	2	6
(viii) Other conditions requiring treatment within the centre	506	244	262
(ix) Conditions requiring no treatment within the centre	417	325	92
(x) Undiagnosed Conditions	—	—	—
Total of Lines included in 3	1,234	874	360
Cases transferred in from other centres	5	5	—
Grand Totals (1, 2 and 3)	1,673	1,186	487

Tuberculosis — Ten Year Summary

Year	Cases on Register		Cases Notified (or brought to notice)		Deaths			
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary		Non-Pulmonary	
					No.	Rate	No.	Rate
1959	M.	1,689	168	161	16	0.09	1	0.007
	F.	1,188	174	88	21		1	
1960	M.	1,681	169	172	16	0.17	3	0.010
	F.	1,165	175	98	27		0	
1961	M.	1,508	149	99	11	0.18	2	0.013
	F.	1,028	165	48	13		2	
1962	M.	1,405	137	99	6	0.15	0	0.003
	F.	915	160	36	19		1	
1963	M.	1,309	133	101	14	0.16	0	0.016
	F.	817	153	44	17		5	
1964	M.	1,225	137	77	20	0.19	1	0.003
	F.	752	153	35	16		—	
1965	M.	1,195	141	123	24	0.12	1	0.009
	F.	707	144	67	13		2	
1966	M.	1,132	143	93	14	0.11	1	0.003
	F.	678	141	64	16		—	
1967	M.	1,044	149	83	16	0.15	—	0.006
	F.	610	150	42	20		2	
1968	M.	981	153	69	15	0.11	2	0.006
	F.	580	150	38	19		—	

SUMMARY OF CERTAIN INFECTIOUS DISEASES NOTIFIED PERIOD ENDED 30.9.68
(Not Notifiable after 1.10.68)

Diseases	Age Groups										Area of Occurrence																	
											No. notified	No. admitted to hospital																
	0-1	1-2	3-4	5-9	10-14	15-24	25-44	45-64	65 plus	Bablake	Binley and Wilthenhall	Cheylesmore	Earlsdon	Foleshill	Godiva	Henley	Holbrooks	Longford	Lower Stoke	Radford	St. Michael's	Sherbourne	Upper Stoke	Westwood	Whoberley	Woodlands	Wyken	
Acute Influenzal Pneumonia ..							1	3	2				3	1				1										
Acute Primary Pneumonia ..				1	2		2	17	10		2	1	3	2	2	4		2	2	1	3			2	1	4	2	1
Erysipelas ..					1		4	15	3	3	2	2	1			1	1		3	1		2		1	3	2	2	
Puerperal Pyrexia ..						29	32			1	3	1	3	8	4	4	1	3	2	2	7	4	4	2			4	8
Tonsillitis with Rash ..	3	3	8	2								4				1	3		1	1		2	2	2	1	1		

SUMMARY OF INFECTIOUS DISEASES NOTIFIED YEAR ENDED 31.12.68

Diseases	No. notified	No. admitted to hospital	Age Groups										Area of Occurrence																	
			0-1	1-2	3-4	5-9	10-14	15-24	25-44	45-64	65 plus	Bablake	Binley and	Willenhall	Cheylesmore	Earlsdon	Foleshill	Godiva	Henley	Holbrooks	Longford	Lower Stoke	Radford	St. Michael's	Sherbourne	Upper Stoke	Westwood	Whoberley	Woodlands	Wyken
Aseptic Meningitis	15	15				3	5	5	2			1		1		2	1	1	4		1		1					2	1	
Diphtheria	4	4					3				1									4										
Dysentery	704	24	37	147	160	210	42	30	65	13		14	111	26	12	29	36	185	65	41	15	7	23	8	23	10	34	34	31	
Food Poisoning	36	9	2	5	3	5	2	7	6	4	2	3	8		3	1		4		2		3	2			1	8			1
Infective Jaundice	275	9		4	18	112	47	37	45	11	2	3	73	10	7		3	90	26	8	5	1	27	1	1	3	2	3	12	
Measles	3342	57	174	993	1043	1090	19	17	5	1		86	347	93	125	148	61	371	138	277	162	149	124	91	141	263	100	349	317	
Meningococcal Infection	11	11	4	1	3	1		1			1				3	1				2		1	2			1		1		
Non-pulmonary tuberculosis	31	6				2		7	16	5	1	1			2	2	7	4	1	1	2	3				1			4	
Pulmonary tuberculosis	92	39		1	5	3	5	9	31	28	9	1	11	3	5	14	7	4	5	2	3	4	11		6	9		1	6	
Scarlet Fever	100		1	3	25	59	5	6	1			3	13	18	5			3	9		5	3	7	3	5	3	9	4	10	
Whooping Cough	204	9	28	41	59	69	2	2	2	1		1	6	37	9	5	1	62	13	13	1	3	2	1	1	13	9	15	12	
Typhoid Fever	1	1			1											1														

RAINFALL

Total Rainfall Recorded in Inches from 1895-1964

	Average for 10 years	Highest	Lowest
1895 - 1904	24.41	32.75 in 1903	19.87 in 1898
1905 - 1914	26.47	37.02 in 1912	21.35 in 1905
1915 - 1924	27.25	31.96 in 1924	17.44 in 1921
1925 - 1934	26.95	33.09 in 1927	20.96 in 1934
1935 - 1944	25.67	32.81 in 1939	20.28 in 1943
1945 - 1954	25.69	32.49 in 1951	20.59 in 1947
1955 - 1964	24.39	34.34 in 1960	19.37 in 1964

	TOTALS FOR THE PAST 10 YEARS		
1959	20.67	1964	19.37
1960	34.34	1965	28.42
1961	23.45	1966	31.929
1962	19.57	1967	22.5
1963	22.00	1968	26.34

METEOROLOGICAL READINGS MADE AT TORRINGTON AVENUE 1968

1968		Baro- meter ins.	Mean of		Air Temperature °F				Hygrometer °F				Earth Temp. °F		Rain and other forms of Precipitation			Weather No. of Days of		Wind Force 0-8			
			Maximum A	Maximum B	Mean of A and B	Difference from Average	Absolute Maximum and Minimum		Mean of Observations at 9 a.m.		At 1 foot Depth	At 4 foot Depth	Cloud Scale 0-8	No. of Days	Total Fall	Most in a Day	Day of Month	Snow or Sleet	Snow Lying		Air Frost	No. of Observa- tions Force 4 +	
Jan.	29-754	40-1	37-2	38-6	-8-9	53-8	10	20-2	12	37-9	36-4	10-0	88	40-9	44-5	6	17	1-37	0-35	4	1	9	14
Feb.	29-685	39-3	31-3	35-3	-12-2	46-8	11	25-4	20	33-6	33-3	5-8	87	37-2	41-6	6	16	1-583	0-31	13	2	13	8
March	29-906	40-9	37-1	39-0	-8-5	68-0	29	27-9	1	41-1	38-8	7-1	83	41-2	43-0	5	16	0-721	0-17	25		6	21
April	29-801	54-2	39-1	46-6	-0-9	69-0	21	24-7	8	44-9	41-7	8-1	79	46-5	48-4	5	17	2-795	0-48	28		7	12
May	29-676	56-1	40-1	48-1	+0-6	72-0	29	36-0	2	48-4	46-4	9-8	84	50-3	48-2	6	25	3-125	0-5	25			12
June	30-041	65-6	48-3	56-9	+9-4	70-8	30	41-0	1	56-1	52-4	11-4	77	56-7	51-8	5	15	3-146	0-7	26			2
July	29-670	65-4	50-3	57-8	+10-3	71-0	23	45-0	4	54-3	51-3	12-1	79	58-4	52-6	5	27	3-557	2-09	10			3
Aug.	29-552	64-3	54-5	59-4	+11-9	78-0	23	48-0	19	57-5	54-4	12-6	81	59-9	55-4	6	16	2-195	0-30	8			9
Sept.	29-522	63-3	49-6	56-4	+8-9	71-0	10	45-0	18	55-0	53-0	12-8	86	58-1	57-1	6	19	3-153	0-45	18			13
Oct.	29-749	56-6	49-8	53-8	+6-3	65-0	22	42-0	23	52-8	51-4	11-8	86	54-7	55-7	6	14	1-478	0-35	8			6
Nov.	29-441	46-1	39-3	42-7	-4-8	54-8	1	28-7	10	42-2	40-8	7-9	86	46-6	50-6	7	12	1-427	0-19	23		5	11
Dec.	29-524	39-8	33-3	36-5	-11-0	47-8	2	25-0	28	37-7	36-7	6-9	88	40-8	46-7	7	13	2-217	0-71	25	4	11	7
Year	29-674	52-5	42-5	47-5		64-0		34-7		46-8	44-7	9-7	83	49-2	49-6	6	207	26-734			7	51	118

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